

## **VOLUNTEER SERVICES APPLICATION FORM**

Our organization encourages the participation of volunteers who support our mission to save and protect the lives of all animals. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application. The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you.

NAME:				
PHONE:				
EMAIL:				
ADDRESS:				
EMPLOYER/SCHOOL:				
OCCUPATION:				
Why do you want to volunteer at Cedarhill	l? What do yo	ou hope to gair	n from being a	volunteer?
What are your hobbies and/or extra-curric	cular interest?	•		
Are you interested in working in a specific area? If so, please select from the options below that apply:				
Domestic Cats D	Oogs	Horses	Birds	Pigs
Grounds	skeeping	Operations/O	ffice	



Do you have any specific skills, training or experience that you feel will help you as a volunteer here? If so, please list it below.

Please describe your educational background

## **CURRENT/PAST VOLUNTEER EXPERIENCE**

ORGANIZATION:	-
POSITION/DUTIES:	
DATES OF SERVICE:	-
ORGANIZATION:	-
POSITION/DUTIES:	
DATES OF SERVICE:	-
CURRENT/PAST VOLUNTEER EXPERIENCE	
EMPLOYER NAME:	
POSITION/DUTIES:	
DATES OF SERVICE:	-

## DATE/TIME VOLUNTEER AVAILABILITY CHECK ALL THAT APPLY

	M	T	W	TH	F	SA	SUN
8:00							



9:00				
10:00				
11:00				
12:00				
1:00				
2:00				
3:00				

If accepted into our volunteer program, when can you start?

All volunteer positions require a criminal history check. Convictions will not necessarily disqualify you from participating. Have you ever been convicted of a felony? If yes, please explain below.

Cedarhill Animal Sanctuary is an Equal Opportunity Employer. It is the policy of the Cedarhill Animal Sanctuary not to discriminate against any applicant on the basis of sex, race, color, age, marital status, national origin, religion, sexual orientation, and disability, status as an individual with a disability, protected veteran or any other protected trait.

## **VOLUNTEER EMERGENCY INFORMATION**

NAME:		
HEALTH CONCERNS:		
ALLERGIES (IF ANY):		
EMERGENCY CONTACT #1		
Name:	Phone (Cell):	
Relationship:	Phone (Work):	
EMERGENCY CONTACT #2		
Name:	Phone (Cell):	
Relationship:	Phone (Work):	



PHYSICIAN CONTACT (IF NEC	ESSARY)	
Name:	Phone:	
Address:		
Hospital Preference:		 
Hospital Phone:		