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| **CONTACT INFORMATION** |
| **Name:** |  | **Today’s Date:** |  |
| **Address:** |  |
| **City State Zip:** |  |
| **Cell Phone:** |  | **Home Phone:** |  |
| **Email:** | (Note: most of our contact is done via email, so please provide an email you check regularly.) |
| **Driver’s License** |  |
| **Are you over 21?** |  | **Yes** |  | **No** | **Date of Birth:** |  |
| **VOLUNTEERING INFORMATION** |
| **How did you hear of NSLB?** |  |
| **Summarize special skills and qualifications you have acquired from employment, previous volunteer** **work, or through other activities. (Website Design, Grant Writing, Photography, Etc.)** |
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| **Do you currently have pets, describe:** |  |
| **Do you have dog training experience?** |  |
| **Is there any type of dog you would not consider working with?** |  | **Yes** |  | **No** |
| **Please explain:** |  |
| **Are you able to transport dogs to adoption events /vet appts?**  |  | **Yes** |  | **No** |
| **Are you available to help at weekend adoption events?** |  | **Yes** |  | **No** |
| **Would you be interested in helping with fundraising?** |  | **Yes** |  | **No** |
| **Are you interested in becoming an adoption coordinator and assisting with home checks?**  |  | **Yes** |  | **No** |
| **When can you begin volunteering?** |  |
| **Are there days/times you are unavailable to help?** |  |
| **What cities of counties are you available to volunteer in?** |  |
| **VOLUNTEERING AGREEMENT** |
| I, hereby agree that I am providing volunteer services to **No Stray Left Behind** assisting in pet adoptions. This may also include in assisting in adoption of pets at local PetSmart stores. I understand that neither **No Stray Left Behind** nor PetSmart is responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold harmless and release from liability **No Stray Left Behind** and PetSmart should I become sick or injured from animals as a result of my volunteer work. I have read the disclaimer and agree to these terms and conditions. |
| **Signature (If under 18/Parents Signature)** | **Date** |