

FuRever Friends Humane Society, Inc.
VOLUNTEER INFORMATION SHEET

PERSONAL INFORMATION

NAME _____ DATE _____

ADDRESS _____ CITY _____ ZIP _____

EMAIL ADDRESS _____

MARITAL STATUS: M D W S NAME OF SIGNIFICANT OTHER _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____ PLEASE CIRCLE THE BEST WAY TO CONTACT YOU.

VOLUNTEER INFORMATION

PREVIOUS VOLUNTEER EXPERIENCE? _____

PREVIOUS EXPERIENCE OR TRAINING WITH ANIMALS _____

DAYS AVAILABLE: M__ TU__ W__ TH__ F__ SAT__ SUN__

TIMES AVAILABLE: _____

APPROXIMATELY HOW MUCH TIME DO YOU HAVE AVAILABLE TO VOLUNTEER? ___ 1 DAY A MONTH ___ 2-4 DAYS A MONTH ___ 5-6 DAYS A MONTH. ___ OTHER _____

LIST ANY SPECIAL SKILLS YOU HAVE: _____

SINCE WE ARE A NONPROFIT VOLUNTEER ORGANIZATION OUR SUCCESS DEPENDS ON OUR VOLUNTEERS. WE APPRECIATE ANY AMOUNT OF TIME YOU CAN DONATE TO OUR ORGANIZATION BUT WE DO ASK THAT YOU ARE RELIABLE.

EMERGENCY CONTACT: _____ PHONE _____

SIGNATURE (Parent if under 18)

DATE

Please complete and mail to
FuRever Friends Humane Society, Inc.
P.O. Box 2276
Gray Georgia 31032