

ROBYN'S NEST VOLUNTEER INFORMATION

Date: _____ First Name: _____ Last Name: _____

Age: (if under 18) _____

StreetAddress: _____

City: _____ State: _____ Zip: _____

Primary #: _____ (Please circle- cell, home, work)

Secondary #: _____ (Please circle- cell, home, work)

Email: _____

I prefer to be contacted by: call at home/call on cell/text/email

Emergency Contact: Name: _____

relation: _____ Phone# _____

I am interested in:

- ___ showing animals for adoption
- ___ fostering animals
- ___ fundraising
- ___ animal care and cleaning at the rescue
- ___ helping at events
- ___ helping with computer/paperwork
- ___ walking dogs
- ___ transporting animals (must have driver's license)
- ___ writing grants/soliciting funds
- ___ advertising/publicity
- ___ answering phones/retail
- ___ sewing or baking items to sell

I am interested in volunteering

- ___ 1-2 times a week
- ___ as much as my busy schedule allows
- ___ until my service hours are complete
- ___ as often as you'll have me

Are you in need of hours for school/community service ? _____

Who is requiring the hours? _____

Contact person you report to: _____

Contact person phone number: _____

If court ordered, what was the offense? _____

Hours needed? _____ When are the hours due? _____

Relevant experience/skills: _____

Special interests: _____

Allergies to animals? _____ What type? _____

Physical limitations: _____