



## Volunteer Application

Name: \_\_\_\_\_ Contact Number : \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Why are you interested in volunteering?

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Please check all the programs that you're interested in:

Fostering (complete foster form)  Transport  Adoptions  Promotions

Fundraising  Clerical Activities  Grant Writing  Trapping

Social Media/Marketing/Advertising  Caring for cats at  Johnston PetSmart

North Smithfield PetSmart  Scruffy Paws Shelter 2944 Post Rd Warwick, RI.

**Consistency is important especially if interested in caring for our rescues.**

How many days/hours a week are you able to volunteer?

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What is your availability? Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_  
Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

Have you volunteered with us in the past? Yes No

Do you have volunteer experience? Yes No

If yes, please list most recent experience:

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

Position and Responsibilities:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Supervisor's Name and Title: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Have you ever been asked to relinquish a volunteer position? Yes No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**\*Attention\***

**- Volunteers will be required to sign a liability form on their first day.**

**- Anyone under the age of 18 needs approval from a guardian and please note some volunteering opportunities may require an adult over the age of 18 to be in attendance.**