

PAWS AND CLAWS SOCIETY
1017 Grove Avenue
Thorofare, NJ 08086
(856) 848-7664

APPLICATION FOR VOLUNTEER SERVICES
(Please Print)

Date: _____

Last Name: _____ First Name: _____

Home Address: _____

Town: _____ Zip: _____ Phone: _____

Business Address: _____

Town: _____ Zip: _____ Phone: _____

Name and address of person to be contacted in the event of illness:

Name: _____ Address: _____

Town: _____ Zip: _____

Phone: _____ Relationship: _____

Occupation of Applicant: _____

Previous Work Experience: _____

As a Volunteer: _____

Do you have any physical limitations which would impede your ability to serve as a Paws and Claws volunteer: If yes, please explain.

Education or special training: _____

Hobbies, skills, special interests: _____

Community affiliations: _____

Do you drive a car? _____ Is your car available at all times? _____

Days Preferred: (circle preference) S M Tu W Th F S Weekends

Hours Preferred: (circle preference) Morning Afternoon Evening

Service Preferred: _____ Making Adoptions _____ Adoption Follow-up Calls
 _____ Computer Data Entry _____ Filing and Clerical _____ Lost / Found Matching
 _____ Cleaning _____ Walking Dogs _____ Public Relations / Tabling / Outreach
 _____ Fundraising / Special Events _____ Pet Therapy (Nursing Homes, etc.)
 _____ Foster Home for Pets _____ Transportation Provider _____ Other

Why do you want to be a Paws and Claws Volunteer? _____

How did you first learn of Paws and Claws? _____

VOLUNTEER PLEDGE

Believing that Paws and Claws Society has real need of my services as a volunteer worker:

I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.

I will conduct myself with dignity, courtesy and consideration.

I will endeavor to make my work of the highest quality.

I will serve as a goodwill ambassador and interpreter for Paws and Claws and its services in the community-at-large.

I will take any problems, criticisms or suggestions to management.

I will hold harmless the Paws and Claws Society and its trustees for any injury to me or to others and for damage to mine or another's property while I am volunteering.

 Volunteer Signature

Office Use Only

Date Received: _____ Date Contacted: _____

Orientation Date: _____ Starting Date: _____

Assignment: _____

Schedule: _____

Remarks: _____