



# VOLUNTEER APPLICATION

## Mail completed application to:

Claws and Paws Rescue - Volunteer Application ■ PO Box 55, West Branch, MI 48661  
QUESTIONS? Call our office @ 989.345.2479

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Email address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

How did you hear about the Claws and Paws Rescue Volunteer Program?

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Do you have any physical limitations or disabilities that might hinder you from participation in some activities?  
(such as a heart condition, back injury, epilepsy, allergies, etc.)? If yes, please explain:

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Are you at least 18 years of age? \_\_\_\_\_

(If under 18 years old please have your parent or guardian sign the back of this form releasing Claws and Paws Rescue from potential liability)

Please describe the availability for volunteering (weekends, weekdays, morning, afternoon, etc.):

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Employment Status:  Full Time  Part Time  Unemployed  Student  Retired

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

Does your employer offer a donor matching funds program?  YES  NO

Does your employer match volunteer hours with contributions to non-profit organizations?  YES  NO

Affiliations (church, groups, organizations): \_\_\_\_\_

## **Emergency Contact:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State/Zip: \_\_\_\_\_

Please explain your interest in volunteering with Claws and Paws Rescue:

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Do you have previous volunteer experience? If so, list organizations and describe volunteer service:

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Are you participating in a program currently that requires volunteering? If so, what kind of requirements do you have?

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In which areas are you interested in volunteering (Check all that apply):

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Foster Care for our animals | <input type="checkbox"/> Office assistance            | <input type="checkbox"/> Assisting w/rescues   |
| <input type="checkbox"/> Assist with food pantries   | <input type="checkbox"/> Special events & fundraisers | <input type="checkbox"/> Fundraising Committee |
| <input type="checkbox"/> Communications/Marketing    | <input type="checkbox"/> Intake & Behavior Evaluation |  |

Please share your skills and training:

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Public Speaking                                     | <input type="checkbox"/> Marketing      | <input type="checkbox"/> Event Planning     |
| <input type="checkbox"/> Photography   | <input type="checkbox"/> Website design | <input type="checkbox"/> Graphic Design     |
| <input type="checkbox"/> TV/Radio/Video Production                           | <input type="checkbox"/> Writing        | <input type="checkbox"/> Project Management |
| <input type="checkbox"/> Teaching, Training (designing educational programs) | <input type="checkbox"/> Management     |   |

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (for minor under 18)

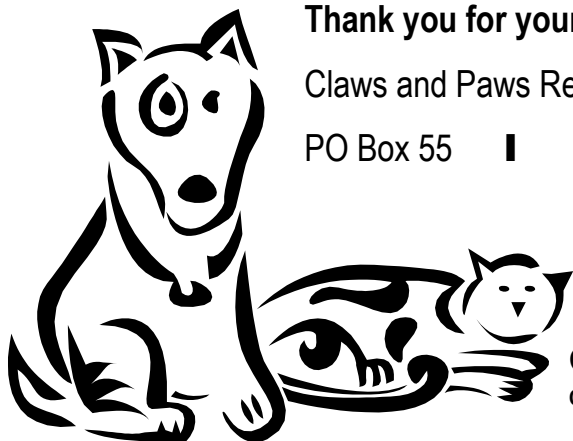
\_\_\_\_\_  
Date

**By signing this for my MINOR child I understand that at times they will be off-site with an adult office volunteer**

**Thank you for your interest in Claws and Paws Rescue**

Claws and Paws Rescue (Attention: Volunteer Application)

PO Box 55 | West Branch, MI 48661



Call our office @ 989.345.2479  
or visit us 24/7 on Facebook

