



VOLUNTEER APPLICATION

For The Love Of Paws provides peace of mind to senior citizens who can no longer care for their pet(s) due to being placed into Hospice, Memory Care, Assisted Living, Nursing Home or undergoing a medical issue and temporarily can not care for their pet(s) due to extended rehabilitation; as well as provide pet food through our Pet Food Pantry and Paws Meals On Wheels Program; and our Therapy Dog Team Program.

We always welcome new volunteers and are delighted you are interested in helping out with our efforts.

Please take the time to complete this form and return it to the address above. After reviewing the information you provide, our volunteer coordinator will contact you regarding your time availability and the volunteer activities for which you expressed an interest.

Thank you for your interest in becoming a part of our group!

My interest would be in the following: (Check all that apply) Pet Food Pantry Delivery Transporting Pets Office/Admin Help Thrift Store Volunteer Event Coordinator Foster Coordinator Therapy Dog Program **THE SANCTUARY:** Open House Events Feeding & Cleaning of Cat Cottages Play & Exercise of Animals Maintenance of Grounds Construction of Fencing and/or Buildings Other _____

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Work/Cell Phone: () _____ Home Phone: () _____

Email: _____

By providing your email address, you are also giving us permission to add you to our Supporter & Volunteer email list. These lists are for *For The Love Of Paws Senior Pet Sanctuary Inc* use only. We will never sell them or give them to any other organization.

Would you agree to a background check: Yes No

Are you on Facebook: Yes No

PAST EXPERIENCE/TRAINING:

Are you comfortable approaching a dog or cat you don't know? Yes No

Do you understand that dogs/cats may be unpredictable and *For The Love Of Paws* cannot guarantee that a dog/cat may not become aggressive and bite and/or scratch you or a companion? Yes No

Do you have experience/training in any of the following dog/cat related areas of work? (Check all that apply)

Breeding Grooming Fundraising Kennel Assistant Animal Handler/Trainer Administration Rescue Foster Home Vet Tech Grant Request Pet Store Other _____

PERSONAL REFERENCE:

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____

Email: _____ Relationship to you: _____

Please sign here: _____ Date: _____

Print Name: _____

FTLOP Representative: Approved Not Approved (Comments on back)

Signature of FTLOP Representative: _____ Date: _____