

Volunteer Application for Spay Pasco

Spay Pasco
 P. O. Box 506, San Antonio, FL 33576
www.spaypasco.com
 spaypasco@yahoo.com



Volunteer Program Requirements:

- You must be 18 years or older
- Attend group meetings if possible
- Pay membership dues of \$25 annually

Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	
E-Mail Address	
Date of Birth	
T-Shirt Size	S M L XL

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Interests

Tell us in which areas you are interested in volunteering

<input type="checkbox"/> Administration	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Newsletter Production
<input type="checkbox"/> Events	<input type="checkbox"/> Deliveries	<input type="checkbox"/> Volunteer Coordinator
<input type="checkbox"/> Field work	<input type="checkbox"/> Phone Assistant	<input type="checkbox"/> Office Clerk
<input type="checkbox"/> Education	<input type="checkbox"/> Presentations	<input type="checkbox"/> Advocate
<input type="checkbox"/> Errands	<input type="checkbox"/> Human Resources	<input type="checkbox"/> Graphics
<input type="checkbox"/> Trapping	<input type="checkbox"/> Caretakers	<input type="checkbox"/> Consultations

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Previous Volunteer Experience

Summarize your previous volunteer experience.

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Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
Cell Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

Thank you for completing this application form and for your interest in volunteering with us.

If you are paying by check please make the check payable to Spay Pasco, Inc in the amount of \$25.