

VOLUNTEER APPLICATION

Please complete form and email to volunteer@staughumane.org

CONTACT	INFORMATION					
Name:						
Address	:					
Email:						
Phone:	Birthday:					
EMERGEN	CY CONTACT					
Name:						
Phone:	Relation:					
AVAILABIL	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM	Wionay	luesuay	Wednesday	Illuisuay	riluay	Saturday
PM						
					1	
AREAS OF	INTEREST Check A	II That Apply				
Preventative Care Clinic		Adm	ninistration		Additional Programs	
☐ Pet Owner Advocate		□c	\square Office and Filing		☐ Pet Food Bank	
☐ Lab Technician		□s	☐ Special Events		☐ Dog Grooming	
☐ Customer Greeter			undraising		☐ Dog Training	
☐ Animal Handler			☐ Volunteer Coordination		Rehoming and Adoptions	
☐ Vet Assistant			committee Chairman	ship	☐ Landscape Design	
Pharmacy Technician			munications & Outr	each	☐ Grounds Maintenance	
☐ Medical Chart (Clerical)			lumane education		☐ Facility Maintenance	
☐ Spay Neuter Program			lewsletter production	n	☐ Building Renovation	
Other Clinic Duties		□v	Vebsite development	t	☐ Special Projects	

PREVIOUS SERVICE | Summarize any past volunteer experience; include duties, title, and organization name when applicable.

QUALIFICATIONS | Summarize any special skills you have acquired from employment or through other activities, including hobbies.