



PAWS Volunteer Application

Name: Date of Birth:
Address:
City: State/Zip: Zip:
Home phone: Work phone:
Mobile phone: E-mail address:

Do you have any pets? Yes No

What kind(s)?

Days you would like to volunteer: Mon Tues Wed Thurs Fri Sat

Hours you would like to volunteer: 10 am – 1 pm 1 pm - 4pm

Please indicate the type of volunteer work you are interested in:

- Adoption Program
- Foster Care Dogs Only Cats Only
- Thrift Store Membership
- Education Fund Raising
- Anything and Everything - Just want to help!!

Signature: _____ Date: _____

