



For office use only	
Received	_____
Contacted	_____
Interviewed	_____
Oriented	_____
Entered in DB	_____

Volunteer Application

Name: _____ Date of Birth (optional): _____
month/day

Age (if under 18): _____

Address: _____
street city/state zip

Phone: _____
day evening message

Email address: _____

Can your email address be shared with other volunteers? (We do not share it with people outside FOP, but for example, we might send an email to multiple volunteers working on a particular project.) yes no

Alaska Driver's License or Student ID Number: _____

Emergency Contact Name and Phone Number: _____

Employer/School: _____

Are you volunteering through another agency? yes no If yes, please indicate the agency, name of contact person and number of hours you are required to volunteer: _____

Have you worked as a volunteer before? yes no If so, where and when? _____

Do you have any physical or medical limitations that require special accommodations?
If yes, please explain the accommodations needed: _____

Do you have any physical or medical conditions that we should be aware of in case of an emergency?
(allergies, diabetes, etc.)? yes no If yes, please tell us what we should know in order to help you:

Do you currently own pets? yes no If yes, are they spayed or neutered? yes no

What is your idea of responsible pet ownership? _____

Please check the work areas you are most interested in. Your skills and interests will be carefully considered in order to match you to jobs you will enjoy.

Level I	Level II	Level III (requires 3 months prior volunteer participation with FOP)
<input type="checkbox"/> Community Events/Projects Volunteer <input type="checkbox"/> Community Fundraising Volunteer <input type="checkbox"/> (Compile/Record) Adoption Hotline Volunteer <input type="checkbox"/> Cookie Sales Program Volunteer <input type="checkbox"/> Courier/Animal Transport <input type="checkbox"/> Office Support Volunteer (including computer work) <input type="checkbox"/> Office Support Volunteer (non-computer work)	<input type="checkbox"/> Adoption Screener <input type="checkbox"/> Committee Chair - Events <input type="checkbox"/> Humane Education / Classroom Presentations Volunteer <input type="checkbox"/> Information Center Phone Counselor <input type="checkbox"/> Office Support Volunteer <input type="checkbox"/> Dog Walker	<input type="checkbox"/> Assistant to Board Officers <input type="checkbox"/> Assistant to Pet Rescuers <input type="checkbox"/> Board of Directors <input type="checkbox"/> Committee Chair - Board of Directors Committees <input type="checkbox"/> Grant Researcher/Writer <input type="checkbox"/> Office Support Volunteer <input type="checkbox"/> Membership Program Volunteer <input type="checkbox"/> Volunteer Mentor <input type="checkbox"/> Foster Home - Cats/Kittens <input type="checkbox"/> Foster Home - Dogs/Puppies

Special Skills and Qualifications: _____

Time Available for Volunteer Work: Please indicate the times you would regularly be available:

- | | |
|--|---|
| <input type="checkbox"/> Monday _____ | <input type="checkbox"/> Saturday _____ |
| <input type="checkbox"/> Tuesday _____ | <input type="checkbox"/> Sunday _____ |
| <input type="checkbox"/> Wednesday _____ | |
| <input type="checkbox"/> Thursday _____ | |
| <input type="checkbox"/> Friday _____ | |

Questions you have for us? _____

I certify that the information I have provided is true and understand that any false information may nullify my volunteer service.

Signed: _____ Date _____

Return your application by mail or fax →	Mailing address: Friends of Pets, P.O. Box 240981, Anchorage, AK 99524
	Fax: (907) 563-5752

Our Volunteers - Making a Difference!