

## Pet Project Inc. Volunteer Form

You must be 18 years or older to volunteer.

## **Personal Information**

Name:			Birthdate: _	date:		
Address:						
City:	County	:	State:	Zip:		
Cell Phone:	E-Ma	ail:				
Areas of Interest						
I prefer to work with: (		Other:				
Types of service interes Animal socialization Regular scheduled o Volunteering at eve	(walking dogs, playing cleaning / animal care	g with cats, etc)		·····		
Reason for Volum At this time, we are un		rdered service hours.				
Personal Choice Service hours requir Hours needed	•		n:			
Available Days an	nd Times					
Sunday:	Monday:	Tuesday:	We	ednesday:		
Thursday:	Friday:	Saturday:	<del></del>			
Volunteer Agreen	<u>nent</u>					
•	g so, I understand tha	t I am responsible for	my actions and t	ne resident animals that Pet Projec hat I will not hold Pet Project Inc. ım a volunteer.	ct Inc.	
I understand that if my my volunteer services v		-		t, it's volunteers and/or residents	that	
Signature:				Date:		
DDI Employoo Signati	uro:			Dato		