

CHEWS ADOPTION, INC.
A 501c3 organization

Volunteer Application

Full Name (print) _____

Address _____

Town _____ **State** _____ **Zip Code** _____

Email _____

Phone number _____ **Cell** _____

Emergency Contact Person/Phone _____

Are you at least 18 years old? _____ yes _____ no

Have you ever been convicted of a crime involving cruelty or neglect of an animal? _____ yes _____ no

I want to Volunteer _____ **Hours weekly or** _____ **Days a week**

I am available on:

Mondays ____ **Tuesdays** ____ **Wednesdays** ____ **Thursdays** ____ **Fridays** ____ **Saturdays** ____ **Sundays** _____

I have a vehicle--Circle one: Yes No

I am interested in the following volunteer opportunities (check all that apply):

____ **Working with animals- cleaning, bathing, training, feeding,**

____ **Transporting to/from vet, foster homes, adoption events**

____ **Administrative work**

____ **Fundraising**

____ **Animal Rescue**

____ **Adoption events**

____ **Home checks for adopters and foster homes**

____ **Other (please explain)** _____

Do you have any previous shelter/rescue experience? If yes, please describe

How did you hear about us? _____

Please E-mail the completed application to contact@chewsadoption.org