



Volunteer Application

Please print identification information clearly, *especially email address:*

First Name: _____ Last Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

E-mail _____ Home: (____) _____ Cell: (____) _____

How do you prefer to be contacted?

Are you on Facebook? Yes No

Are you 18 years of age or older? Yes No

Name of Employer: _____

Address of Employer: _____

Work Phone Number: _____

May we contact your employer for a reference? Yes No

How did you hear about BarkTown Rescue & Sanctuary?

Why do you want to volunteer with us?

Do you currently work with or have you in the past worked with any other rescue organization?
 Yes No

If yes, Name of Rescue: _____

Contact Name: _____

Phone Number: _____

Web Address: _____

List any pets you currently own (or have owned in the past)

1. Breed: _____ Age: _____ Still with you: _____
(If no, why not?) _____
2. Breed: _____ Age: _____ Still with you: _____
(If no, why not?) _____
3. Breed: _____ Age: _____ Still with you: _____
(If no, why not?) _____

Are you present pets up-to-date on their annual vaccines (including heartworm and flea prevention)?

Yes No N/A

If no, please explain:

Are your present pets spayed or neutered? Yes No N/A

If no, please explain:

Do you provide your current pets monthly heartworm and flea prevention?

Yes No N/A

Animal Experience (check all that apply):

- | | |
|--|--|
| <input type="checkbox"/> Rescue/Shelter Work | <input type="checkbox"/> Dog Grooming |
| <input type="checkbox"/> Foster Home | <input type="checkbox"/> Animal Breeding |
| <input type="checkbox"/> Veterinary Hospital | <input type="checkbox"/> Animal Training Obedience |
| <input type="checkbox"/> Boarding Facilities | <input type="checkbox"/> Pet Sitting |
| <input type="checkbox"/> Other | |

**If you list "other", please explain:*

If you would like to comment more on your experience with the above, please do so here:

Other experience, special skills, strengths, talents: (check all that apply)

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Computers | <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Events Planning | <input type="checkbox"/> Painting | <input type="checkbox"/> Fund-Raising |
| <input type="checkbox"/> Public Speaking | <input type="checkbox"/> Writing | <input type="checkbox"/> Administrating |
| <input type="checkbox"/> Other | | |

**If you list "other", please explain:*

If you would like to comment more on your experience with the above, please do so here:

Volunteer Work Preferences: (check all that apply)

- | | | |
|--|---|--|
| <input type="checkbox"/> Adoption Events | <input type="checkbox"/> Dog Transport | <input type="checkbox"/> Admin/Office |
| <input type="checkbox"/> Computer/Web | <input type="checkbox"/> Special Events | <input type="checkbox"/> Training/Educational Programs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Foster Care* | <input type="checkbox"/> Community Outreach |
| <input type="checkbox"/> Other | | |

*Foster Care requires a separate application

When are you available to volunteer? (check all that apply)

- Weekdays Weekends Evenings

How much time can you commit?

_____ Hours per week

_____ Hours per month

_____ Unsure

Please provide 3 personal references (only 1 can be a relative) that can testify to your responsibility and ability to care for your animals. This is required or your application cannot be approved:

1. Name: _____ Relationship: _____

E-mail: _____ Phone Number: _____

If there is anything else you think we should know, note it here:

2. Name: _____ Relationship: _____

E-mail: _____ Phone Number: _____

If there is anything else you think we should know, note it here:

3. Name: _____ Relationship: _____

E-mail: _____ Phone Number: _____

If there is anything else you think we should know, note it here:

What was the date of your last tetanus shot? _____

**BarkTown Dog Rescue recommends that all volunteers be current in their Tetanus Vaccine.*

Volunteer Name (Print Please): _____

Volunteer Signature: _____

Today's Date: _____

Foster Address: _____

Phone number where you are most easy to reach: _____

Email: _____