

WOLFE COUNTY ANIMAL SHELTER

Volunteer Profile

Name: _____

Nickname: _____

Street Address: _____

City, State, Zip: _____

Phone: _____ Cell Phone: _____

Email: _____

Are you: ___ 14-17 years ___ 18 years or older

When are you available to volunteer?

WHEN AVAILABLE	MON	TUE	WED	THU	FRI	SAT	SUN
Morning							
Afternoon							
Evening							

(Circle one.) Every week Every other week Once a month Special events

How much time can you commit?

___ Hours per Week or ___ Hours per Month or ___ Unsure

I, (name) _____ confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to Wolfe County Animal Shelter policies and carry out my duties as a Wolfe County Animal Shelter volunteer effectively.

I give my permission to Wolfe County Animal Shelter to verify any of the information given.

Signature: _____ Date: _____