



# Volunteer Application

❖ Only fully completed applications will be considered ❖  
*Volunteers must be 18 years+*

DATE \_\_\_\_\_, 20 \_\_\_\_\_ Do you have medical insurance?  Yes  No

FULL NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ APT# \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

EMAIL \_\_\_\_\_

HOME PHONE \_\_\_\_\_ CELL PHONE \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ CA DRIVER'S LICENSE # + EXPIRATION DATE \_\_\_\_\_

OCCUPATION \_\_\_\_\_ EMPLOYER \_\_\_\_\_

EMPLOYERS PHONE \_\_\_\_\_ HIGHEST LEVEL OF EDUCATION COMPLETED \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ EMERGENCY PHONE NUMBER \_\_\_\_\_

RELATIONSHIP OF EMERGENCY CONTACT \_\_\_\_\_ DO YOU TAKE MEDICATION AND/OR HAVE HEALTH CONDITIONS? \_\_\_\_\_

**For Volunteering at FPRG, I am interested in:**

**Long-term volunteering** ➔ What days are you available?  Mon  Tue  Wed  Thu  Fri  Sat

➔ What hours are you available?

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

**Short-term volunteering** ➔ What days are you available?  Mon  Tue  Wed  Thu  Fri  Sat

➔ What hours are you available?

Mon \_\_\_\_\_ Tue \_\_\_\_\_ Wed \_\_\_\_\_ Thu \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_

➤ **Are you volunteering to complete:**

- Court-ordered community service?
- Graduation requirement or school project?
- Internship?

If yes to any, please explain \_\_\_\_\_

➤ **Have you ever been convicted of:**

- An animal abuse offense?
- A drug offense?

➤ Are you presently volunteering, or have you previously volunteered, for any community or charitable organizations? If so, which organizations, and what were your tasks? *(use reverse side if more space needed)*

---

---

---

➤ Have you ever volunteered or worked for FPRG in the past? If yes, what tasks did you perform? Why did you leave?

---

---

---

➤ Have you ever been terminated from a volunteer position? If yes, please explain.

---

---

---

➤ Please list any special skills that you think may be useful to volunteering here:

---

---

---

---

➤ Please explain any experience you have handling animals:

---

---

---

---

➤ **Please Check ALL areas that you are interested in volunteering:**

- |  |   |
|--|---|
| <input type="checkbox"/> ANIMAL CARE VOLUNTEER: <i>general duties</i>                              | <input type="checkbox"/> INTAKE: <i>assist with animal drop off/pick up</i>                               |
| <input type="checkbox"/> EXAM/CARETAKING CLEAN-UP: <i>laundry, dishes, floors</i>                  | <input type="checkbox"/> ANIMAL CARETAKER: <i>cleaning kennels</i>  |
| <input type="checkbox"/> CUSTOMER SERVICE OFFICE VOLUNTEER: <i>greeter</i>                         | <input type="checkbox"/> COMMUNITY PROGRAM: EVENTS: <i>support staff</i>                                  |
| <input type="checkbox"/> Office Assistant: <i>phones + general office duties</i>                   | <input type="checkbox"/> COMMUNITY PROGRAM: FUNDRAISING: <i>support staff</i>                             |
| <input type="checkbox"/> HOME OFFICE ASSISTANT: <i>home data entry</i>                             | <input type="checkbox"/> COMMUNITY PROGRAM: MARKETING: <i>support staff</i>                               |
| <input type="checkbox"/> TRANSPORTER: <i>animals to KCVF, rescues, foster parents, events, etc</i> | <input type="checkbox"/> COMMUNITY PROGRAM: ADOPTION FAIR : <i>support staff</i>                          |
| <input type="checkbox"/> GRANT WRITER  | <input type="checkbox"/> COMMUNITY PROGRAM: EDUCATION: <i>support staff</i>                               |
| <input type="checkbox"/> OFFSITE FOSTER CARE   | <input type="checkbox"/> PAINTING <input type="checkbox"/> LANDSCAPING <input type="checkbox"/> DECORATOR |

Are there other areas that you might want to volunteer? Please let us know:

---

---

---

Do you have any animals?  Yes  No If yes, how many and what kind: \_\_\_\_\_ Cats \_\_\_\_\_ Dogs

**Please provide two (2) references:** (non-relatives, please)

REFERENCE NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

REFERENCE NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**All volunteer applications are reviewed by the Volunteer Manager. Selected applicants are contacted with orientation dates. Selection of volunteers is based on the interests and skill of the volunteer, ability to demonstrate a commitment to the volunteer program, and current needs of the organization.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_, 20\_\_\_\_



**Feral Paws Rescue Group**

84 E. Olive Avenue  
Fresno, CA 93728

Phone/Fax: 559-412-7226

Email: [info@feralpawsrescuegroup.org](mailto:info@feralpawsrescuegroup.org)

Website: [www.FPRG.org](http://www.FPRG.org)