



Volunteer Application

Please complete both pages

Name: _____ Date: _____

Address: _____ Town: _____

Phone: _____ *E-mail: _____

*Email is the primary means of communication. If you do not have an email address, please let us know.

If you are filling out this application for another person please write:

Your Name: _____ Relationship to Applicant: _____

Can you commit a minimum of 6 months to the APCSM? Yes No

Are you at least 18 years of age? Yes No

Do you work: Full-time Part-time Unemployed Retired

Occupation: _____ Employer: _____

Are you currently a student? Yes No

Name of School: _____ Major: _____

Education: *(check the last year completed)*

High School	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
College	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
Graduate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

Is this Volunteer Application for the completion of a school requirement or court-ordered community service?

Yes No If yes, please comment: _____

Have you ever been convicted of a felony? Yes No

Do you have a valid driver's license? Yes No Do you have reliable transportation? Yes No

Health Concerns: _____ Allergies: _____

Are you covered under health insurance? Yes No Plan: _____

Hobbies/Interests:
Special Training or Skills (include training/education related to animal care/welfare):
Previous Volunteer Experience:
Do you have pets of your own? <input type="checkbox"/> Yes <input type="checkbox"/> No
Type(s):
Why would you like to volunteer and what do you hope to gain from this volunteer experience?

Please check all volunteer jobs you are interested in:

- Animal care
 Fundraising/Events/Marketing
 Transportation
 Grant Writing

If you are interested in being an animal care volunteer, please check all ***animal care*** jobs you are interested in:

- Dog Care
 Cat Care
 Small Animal Care

Please circle the time/days you are available to volunteer:

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MORNING SHIFT						
8:30 – 11:00	8:30 – 12:00	8:30 – 12:00	8:30 – 12:00	8:30 – 12:00	8:30 – 12:00	8:30 – 11:00
AFTERNOON SHIFT						
3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	3:00 – 5:00	3:00 – 5:00

QUALIFICATIONS AND REQUIREMENTS

Please read:

Due to the size of the adoption center, we CANNOT accommodate all applicants. Volunteer positions are filled based on shifts available at the adoption center. We DO NOT offer any short-term community service opportunities. Also, we CANNOT consider incomplete, illegible applications, nor can we consider applicants that do not meet our minimum age requirement of 18. You will be contacted for a meeting if your application meets our shift needs. We appreciate your patience and wiliness to help!

Signature: _____ Date: _____

Thank you for your interest in volunteering for the
Animal Protection Center of Southeastern Massachusetts!