



924 Ransom Rd., Grand Island, NY 14072, 716-773-7781

VOLUNTEER APPLICATION

Full Name: _____ **Date:** _____

First

MI

Last

Current Address: _____

Street

Apt#

City

State

Zip Code

Home Phone: _____ **Cell Phone:** _____ **email:** _____

Occupation: _____

Current Employer: _____

Physical Limitations: _____

Experience working with animals/dogs in particular:

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. .

Special Skills: *grant writing, marketing, fundraising, office skills, organizational skills, technology/computer skills, other.*

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. .

Volunteer Experience

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. .
. .
. .

List two references:

Name: _____ Phone Number: _____

Relationship: _____ Number of years known: _____

Name: _____ Phone Number: _____

Relationship: _____ Number of years Known: _____

We are a small rescue with no minimum participation requirement. You can put in a little or a lot of your time. That being said, what interests you the most?

_____ Fundraising _____ Hands on with the dogs (unloading, bathing, grooming etc.) _____ Transports

Would you be willing to drive on a transport to pick up dogs? _____ Yes _____ No

If you answered yes to the above question, do you have a valid driver's license?

Driver's license Number: _____

Tell us a little about yourself:

EMERGENCY CONTACT INFO:

Name: _____

Relationship: _____

Home Phone: _____ Cell phone: _____

THANK YOU FOR YOUR INTEREST IN OUR GROUP. WE RELY ON OUR VOLUNTEERS TO ACCOMPLISH OUR MISSION TO PUT AN END TO PUPPY MILLS, AND TO ENSURE THAT EVERY AT RISK DOG RECEIVES A FAIR CHANCE. UNTIL *"ALL THE CAGES ARE EMPTY"*.

All volunteers must be 18 years of age or older, but if you are not there yet, several "members in waiting" have held their own fundraisers for the benefit of the dogs!