Volunteer Application

* First Name * Home Phone Number	* Last Name Cell Phone Number	* Email Gender
State/Province/Region	* Zip Code and City	Country
	What you would like to	help with?
*Are you at least 18 years old?		•
Yes		
C No		
*What is your preferred contac	t method?	
☐ Phone call ☐ Email		
*How did you hear about us?		
*Do you have any special skills	you an bring to AOH? (Example: Web	osite design, photography, vet tech experience)
*Do you have internet access?		·
○ Yes		
C No		
*What days of the week and tir	ne frames are you available?	
☐ Monday AM		
☐ Monday PM		
☐ Tuesday AM		
☐ Tuesday PM		
☐ Wednesday AM		
☐ Wednesday PM		
☐ Thursday AM ☐ Thursday PM		
Friday AM		
Friday PM		
☐ Saturday AM		
Saturday PM		
☐ Sunday AM		
□ Sunday PM		

*Below are the areas that we need help with, please check all boxes that you have skills or interest in helping AO with:
☐ Adoption Counselor/Assitant
☐ Phone Work
☐ Store Site Kennel Cleaner
☐ Store Site Adoption Ambassador
☐ Data Entry
☐ Cats-Clean and Feed
☐ Cats-Socializing and Grooming
☐ Transportation To and From Stores
☐ Fundraising/Event Help
☐ Medical Team
☐ Photography/Video
☐ Shelter cleaning/laundry
*Emergency Contact Name and Phone Number
Is there anything else you would like us to know about you?

How many hours are you interested in volunteering per week?