



VOLUNTEER APPLICATION

Send to: PO Box 653, Jefferson City, TN 37760

Name _____

Address _____

City _____ State _____ Zip _____

Phone# _____ Email address _____

How did you hear about us?

Friends Media School Internet Other _____

Have you volunteered at an animal shelter before? Yes No

If so, where and what were your responsibilities? _____

What days and times are you available to volunteer? _____

Are you interested in volunteering for: Fundraisers Special Events

What are you most interested in doing?

Bathing animals Walking animals Feeding animals Education

Fostering Shelter Maintenance Transporting animals Cleaning

Any special interests you may have that may help us? _____

Are you 16 years of age or older? Yes No If not, how old are you? _____

Please be advised that we do clean with bleach and use latex gloves, if you have allergies to any of these, you may want to take necessary precautions. Due to the possibility of animal bites and/or scratches it is strongly recommended that you have a current Tetanus vaccine. You must be 16 years of age to volunteer without a parent/guardian present.

Our volunteer coordinator will be in touch with you soon. If you need to contact her she can be reached at HSJCVolunteers@hotmail.com

Signature _____ Date _____

(Parent/Guardian if applicant is under 18)