

AUSABLE VALLEY ANIMAL SHELTER

Volunteer Application

Name _____ Date of Birth ___ / ___ / ___
Address _____ City _____ State _____ ZIP _____
E-mail address _____ Occupation _____
Phone number _____ Alternate (or cellular) number _____
Emergency Contact _____ Emergency Phone number _____

Availability (please indicate about how many hours you can volunteer each or any day)

Monday:

Tuesday:

Wednesday:

Thursday:

Friday:

Saturday:

Sunday:

List skills or services that you could volunteer at the shelter:

What do you wish to get from your shelter experience? _____

Please list any previous volunteer experience _____

Do you have previous experience with animals? _____

Do you have animals/pets at home? If so, what kind? _____

Are you uncomfortable around certain types of animals? If so, which ones? _____

How did you hear about AuSable Valley Animal Shelter? _____

Please drop off or mail this application to: Cheryl Postma
AuSable Valley Animal Shelter
PO Box 384
Grayling, MI 49738
Ph: (989) 348-4117

Thank you for your application!