



# ARF Volunteer Application

## Contact Information

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Availability

Which days / hours work best for you to volunteer your time? (We do not require a minimum time commitment, we appreciate any time you can help our furry friends)

<input type="checkbox"/> Weekday mornings	<input type="checkbox"/> Weekend mornings
<input type="checkbox"/> Weekday afternoons	<input type="checkbox"/> Weekend afternoons
<input type="checkbox"/> Weekday evenings	<input type="checkbox"/> Weekend evenings

## Animal Preferences

<input type="checkbox"/> <b>Dogs</b>	<input type="checkbox"/> <b>Cats</b>
<input type="checkbox"/> Large Dogs / <input type="checkbox"/> Small Dogs	

## Interests

Tell us in which areas you are interested in volunteering (may check more than one activity)

<input type="checkbox"/> Adoption Events	<input type="checkbox"/> Coordinate Events
<input type="checkbox"/> Caring for the Cats at PetSmart	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Transport Animals to Vet Visits	<input type="checkbox"/> Flyers / Promotional pieces
<input type="checkbox"/> Transport Animals to Foster Homes	<input type="checkbox"/> Newsletter production
<input type="checkbox"/> Foster Home – Cat / Kittens	<input type="checkbox"/> Checking References
<input type="checkbox"/> Foster Home – Dog / Puppies	<input type="checkbox"/> Follow - up Calls to Adopters / Foster Homes
<input type="checkbox"/> Processing Adoption Applications	<input type="checkbox"/> Recruiting Volunteers

## Current Household Residents

<input type="checkbox"/> # of Adults	<input type="checkbox"/> # of Children <u>over</u> 6 years	<input type="checkbox"/> # of Children <u>under</u> 6 years
<input type="checkbox"/> Dogs	<input type="checkbox"/> Cats	<input type="checkbox"/> Other
<input type="checkbox"/> # of Dogs	<input type="checkbox"/> # of Cats	<input type="checkbox"/> None
Veterinary Name:		
Veterinary Address:		
Veterinary Phone #:		



## Special Skills or Qualifications

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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## Previous Volunteer Experience

Summarize your previous volunteer experience.

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## Person to Notify in Case of Emergency

Name	
Street Address	
City ST ZIP Code	
Home Phone	
Work Phone	
E-Mail Address	

## Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate release. Generally our volunteers should be 18 years of age or older unless accompanied by a parent or guardian. Exceptions may be made by an Officer of ARF. I will not hold Animal Rescue Foundation-IL (ARF) responsible, nor seek any compensation for damages, medical fees or liabilities incurred by ARF animals. I understand that any bites or injuries caused by an animal are to be reported immediately to an ARF Officer.

Name (printed)	
Signature	
Date	

## Please Return Application To:

**Animal Rescue Foundation – Illinois**  
**P.O. Box 4423**  
**Wheaton, IL 60189**  
**(630) 200 -3828**  
**e-mail: arf\_il@yahoo.com**