

RAOT VOLUNTEER APPLICATION FORM - PLEASE PRINT

Name: _____	Home Phone: () _____
Address: _____	
City, State, Zip: _____	Work Phone: () _____
Email address: _____	
Are you a member of any other animal related organization(s), if so, please list (use back of form if necessary):	Please email newsletters (Y/N)
	Or, please fax newsletters (Y/N)
Do you have any allergies or physical conditions that might affect your volunteer work with us? If yes, please describe:	Fax: () _____
	Are you a member of RAOT? (Y/N)
	Date of Birth:(day & month): _____
	Are you 18 or older? (Y/N)
In an emergency, please notify: Name: _____ Relationship: _____ Address: _____ Daytime Telephone Number: _____ Evening Telephone Number: _____	Occupation: _____
	Do you have a valid driver's license? (Y/N)
	Do you have access to a vehicle? (Y/N)

REFERENCES:

How did you hear about RAOT's volunteer program?	Are you acquainted with a current volunteer? If so, who?
Please list two additional references:	
Name: _____	Name: _____
Relationship: _____	Relationship: _____
Address: _____	Address: _____
City, State, Zip: _____	City, State, Zip: _____
Telephone: _____	Telephone: _____

EXPERIENCE:

Have you had any formal education or training in pet care or animal welfare? (Y/N)	If so, where, when, and type of training? (Use back of form, if necessary)
Languages in which you are fluent: _____	

PROGRAMS YOU ARE INTERESTED IN & OR APPLICABLE SKILLS (Please check all that apply):

<input type="checkbox"/> Adopt-a-Pet/ Shelter Adoption Days <input type="checkbox"/> Art/Design/Crafts <input type="checkbox"/> Clerical/General Office Support <input type="checkbox"/> Computers <input type="checkbox"/> Distribution of materials <input type="checkbox"/> Dog Trainer/Assistant <input type="checkbox"/> Educational Activities/Booths <input type="checkbox"/> Foster Care <input type="checkbox"/> Fund Raising	<input type="checkbox"/> Grant Writing <input type="checkbox"/> Home Checks/Vet Visits <input type="checkbox"/> Homeward Bound <input type="checkbox"/> Legal/Government Affairs <input type="checkbox"/> No-Kill Shelter Project <input type="checkbox"/> Office/Administrative <input type="checkbox"/> Photography/Video <input type="checkbox"/> Presentations/Public Speaking <input type="checkbox"/> Public Relations	<input type="checkbox"/> Rescue <input type="checkbox"/> Research <input type="checkbox"/> Shelter Monitor <input type="checkbox"/> Web Design <input type="checkbox"/> Writing/Editing/Publications <input type="checkbox"/> Other (Describe): _____ _____ _____
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Please include any additional information about your skills and experience that may assist us in placing you:

AVAILABILITY (Please circle the best days/times for you):

Morning:	Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	Any additional information relating to your availability that we need to consider?
Afternoon:	Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	
Evening:	Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	

Please read, sign and date:

I hereby release, indemnify and hold harmless RAOT, its officers, directors, employees, and agents from any and all claims, damages, and liability arising from or related to my activities as an RAOT Volunteer and/or for any negligent act or omission by RAOT, its officers, directors, employees, and agents, in connection with my activities as an RAOT volunteer.

Signature: _____
Date: _____

After completing this application, please forward to: RAOT, Inc., 3327 Lockmeade, Memphis, TN 38127-6735.

WE LOOK FORWARD TO WORKING WITH YOU! THANKS FOR VOLUNTEERING!