

Hamilton County Low-Cost Spay Neuter Clinic

Volunteer Application Form

Date of Application: _____

Personal Information

Name: _____

Date of Birth: _____ Are you under 19 years old? _____

Phone: _____ May we leave a message? Yes No

Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Volunteer Areas/Positions/Responsibilities

Please Check areas you are interested in:

-Phone Lines
- Reception
- Fund Raising
- Public Relations
- Special Events
- ... Board of directors
- Committee Work
- Newsletter
- Cleaning/Repairs
- .Computer/Database

Other: _____

Availability

- | | | | |
|---|----------------------------------|------------------------------------|-------------------------------|
| <input type="checkbox"/>Monday | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Both <input type="checkbox"/> |
| <input type="checkbox"/> Tuesday | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Both <input type="checkbox"/> |
| <input type="checkbox"/> .. Wednesday | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Both <input type="checkbox"/> |
| <input type="checkbox"/> Thursday | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Both <input type="checkbox"/> |
| <input type="checkbox"/> Friday | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Both <input type="checkbox"/> |
| <input type="checkbox"/> Satday | Morning <input type="checkbox"/> | Afternoon <input type="checkbox"/> | Both <input type="checkbox"/> |

Comments/Preferences _____

How many hours per week _____ or month _____ would you like to volunteer?

Are you interested in occasional "on call" work (events, relief shifts, etc)? Yes No

Experience & Skills

Please tell us about the talents & abilities you possess: _____

Languages (other than English) spoken _____ written _____

Computer Knowledge: _____

Community Organization Experience: _____

Other areas of interest: _____

What do you personally hope to achieve by volunteering at the clinic? _____

References:

Please list two people as references. One must be a personal reference, one can be a professional reference. You must have these people fill out, and return, the attached Reference Forms.

Name _____ Phone _____ Years Known _____

Name _____ Phone _____ Years Known _____

Are you currently a member of the Hamilton County Low Cost Spay Neuter Clinic? Yes No

Signature _____

Please fax this application to (317) 219-3545. The volunteer coordinator will contact you soon.