



P.O. Box 52
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 Website: atailtobetold.org
 Federal Identification Number 46-2542144

VOLUNTEER APPLICATION

Name: _____ Application date: _____

| | | | |
|-------------------------------|------------|------------|------------|
| Volunteer Contact Information | | | |
| Address | | | |
| City | State | Zip | |
| Home Phone | Cell Phone | Work Phone | Best Phone |
| | | | |
| Email | | | |

| | | | | | |
|--|---|--|--|---|-----------------|
| Tell us about yourself | | | | | |
| Are you over 18? | Birthday | Age | Can you lift over 25lbs? | Are you allergic to Pets? | Other allergies |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Cats <input type="checkbox"/> Dogs | |
| Do you have pets? | Briefly tell us about your pets *Personal Pets can not attend adoption events* | | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | | | | |
| What are you currently doing? | | | Have you ever been convicted of a felony? | Is there anything you would like to tell us about yourself? | |
| <input type="checkbox"/> High School | <input type="checkbox"/> College | <input type="checkbox"/> Working | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Are you available weekends? | | How much notice do you require for an event? | | | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | | <input type="checkbox"/> Two Weeks <input type="checkbox"/> 2 days | | | |
| Most of our events are on Saturdays | | | | | |

| | | | |
|--|--|--|---|
| Check all that you would like to be involved with helping our rescue | | | |
| <input type="checkbox"/> Event set up. | <input type="checkbox"/> Walking dogs | <input type="checkbox"/> Talking to people | <input type="checkbox"/> Wearing Mascot costume |
| <input type="checkbox"/> Event tear down | <input type="checkbox"/> Playing with cats | <input type="checkbox"/> pooper scooping | |

Briefly tell us why you would like to volunteer with our rescue.

Please list your references

Personal references

| Name | Phone number |
|------|--------------|
| | |
| | |
| | |
| | |

Work references

| Name | Phone number |
|------|--------------|
| | |
| | |
| | |
| | |

Applicant Signature

Office use only

Comments:

Approved

Approved by: