



Homeward Bound Pets

Volunteer Application 1-16

Our Mission: *Improving the lives of dogs and cats through adoption and community partnerships.*

Name: _____ **Date of Birth:** _____

Address: _____

City/State/Zip _____

Phone: Home _____ **Cell** _____

Email: _____

Emergency Contact

Name _____ **Phone:** _____

Do you have any medical, physical or psychological limitations or disabilities (such as back problems, lifting)? If yes, please explain:

Have you volunteered with Homeward Bound Pets before? Yes/No

If yes, when? _____

Why would you like to volunteer with Homeward Bound Pets?

How long have you lived in Yamhill County? _____

Where are you interested in volunteering?

_____ **HBPets Thrift Shop: 9:45 to 1:15 OR 12:45 to 5:15 Monday thru Saturday**

_____ **Adoption Events: Friday, Saturdays or Sundays, late morning to early afternoons**

_____ **Office Work/Data Entry: Time and days are flexible**

_____ **Event Planning: Twice a month meeting** _____ **Working on the event itself**

_____ **Spay/Neuter Clinics (monthly)** _____ **Transport animals to veterinarians (varies)**

Signature _____ **Date** _____

For office use only:

Position _____ / _____

Days/Times _____ / _____ / _____