



**Thunder's Angels Dog Rescue
Harleysville, PA
Volunteer Application**

Name: _____

Address: _____

City: _____ Zip: _____

Age: _____

Phones: Home: _____

Work: _____

Cell: _____

Have you volunteered for an animal organization before? Yes ____ No ____

If yes, for which organization(s)? _____

What duties did you perform? _____

Please list any experience (if any) you have with the following:

Caretaking of dogs: _____

Medical care of dogs: _____

Public outreach: _____

Website design: _____

Public speaking: _____

Marketing/graphic design: _____

Please list all animals that have lived in your household in the last 10 years:

Type	Sex	Age	Spayed/Neutered?	Where are they kept? In/out?

Please list all pets (not including fosters) that have lived in your household in the last 10 years:

Type	Sex	Age	Spayed/Neutered?	What happened to them?

How many hours per week are you looking to volunteer? _____

Would you be willing to attend weekend adoption events on an ongoing basis?

Yes _____ No _____

Please describe any formal or informal experience or training you have had with animals: _____

Please give a brief description of why you want to volunteer your services to Thunder's Angels Dog Rescue: _____

Please provide any additional volunteer services you would be willing to provide:

- I acknowledge that filling out this application does not guarantee admittance into Thunder's Angels Dog Rescue volunteer program.

Print Name: _____

Signature: _____ Date: _____