

PAWS/East Bay Volunteer Application (Please Print)



Basic Information

Name: _____
First Middle Initial Last

Address: _____ Apt. # _____
(Street address/No P.O. Boxes)

City: _____ Zip Code _____

Occupation: _____ Work Zip code _____

Work Phone No.: _____ Is it o.k. to leave a message from PAWS/EB? yes no

Home Phone No.: _____ Is it o.k. to leave a message from PAWS/EB? yes no

Email Address(es): _____ CA Driver's License No.: _____

Emergency Contact - Name: _____ Phone No. _____

Relationship: _____

Do you have any companion animals? Yes No If yes, what type(s)? _____

What is the highest level of education you have completed? _____

If you are currently a student, where? _____

Please list any other agencies you have or are currently volunteering for: _____

Do you have any health concerns that might impact your work as a volunteer at PAWS/East Bay?

Are you in a service program? ___ Project 20, ___ Pre-trial, ___ School, ___ Other _____

If so, please indicate how many hours you need and when they are due. _____

Have you ever been convicted of a crime? If yes, please explain the nature of the crime, date of conviction and disposition. (Conviction of a crime does not automatic disqualification for volunteer work.) _____

I prefer to help care for a: Dog Cat Other: _____

Do you own a: Car Truck Van Other: _____

I am available: Weekdays Evenings Weekends

How did you hear about PAWS/East Bay? _____



