

## 924 Ransom Rd., Grand Island, NY 14072, 716-773-7781

## **VOLUNTEER APPLICATION**

Full Name:			Date:	
First		МІ	Last	
Current Address:				
	Street		Apt#	
	City		State	Zip Code
Home Phone:		Cell Phone:	email:	
Occupation:				
Current Employer	:			
Physical Limitatio	ns:			
Experience worki	ng with anim	als/dogs in particular:		
<b>Special Skills:</b> gra technology/compl	-		office skills, organizational skills,	

**Volunteer Experience** 

•

List two references:

.

Name:	Phone Number:		
Relationship:	Number of years known:		
Name:	Phone Number:		
Relationship:	Number of years Known:		
We are a small rescue with no minimum participati your time. That being said, what interests you the			
Fundraising Hands on with the dogs (	unloading, bathing, grooming etc.) Transports		
Would you be willing to drive on a transport to pick	up dogs? Yes No		
If you answered yes to the above question, do you	have a valid driver's license?		
Driver's license Number:			
Tell us a little about yourself:			
EMERGENCY	CONTACT INFO:		
Name:			
Relationship:			
	Cell phone:		
THANK YOU FOR YOUR INTEREST IN OUR GROUP. OUR MISSION TO PUT AN END TO PUPPY MILLS, A A FAIR CHANCE. UNTIL <i>"ALL THE CAGES ARE EMP</i> "	ND TO ENSURE THAT EVERY AT RISK DOG RECEIVES		

All volunteers must be 18 years of age or older, but if you are not there yet, several "members in waiting" have held their own fundraisers for the benefit of the dogs!

If you prefer, you can print this form and return it by mail to: Furever Friends Dog Rescue of WNY, Inc. c/o: Linda Odden 5172 Oakwood Drive North Tonawanda, NY 14120