

739 Weidman Road  
Manchester, MO 63011  
636-577-2007 (office)  
636-394-6877 (fax)



## Volunteer Application

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Day Phone: (\_\_\_\_) \_\_\_\_\_ Evening Phone: (\_\_\_\_) \_\_\_\_\_

Cell Number: (\_\_\_\_) \_\_\_\_\_ E-mail: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

If under 18 years of age, name of parent/guardian: \_\_\_\_\_

Alternate Phone (from above): \_\_\_\_\_

**Emergency Contact & Relationship:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

Why are you interested in becoming a volunteer at our shelter? \_\_\_\_\_  
\_\_\_\_\_

Describe any previous experience working with animals: \_\_\_\_\_

Occupation and Employer: \_\_\_\_\_

May we call you at work? \_\_\_\_\_ If yes, phone # \_\_\_\_\_

Educational experience (if currently in school, include name of school, grade and course of study): \_\_\_\_\_

List additional information that may be useful (i.e., special skills, training, interests, hobbies): \_\_\_\_\_

**Please circle your answer to the following:**

Yes No 1. Are you willing to comply with our guidelines and procedures?

Yes No 2. Are you able to walk a dog that weighs 50+ pounds?

Yes No 3. Are there any animals you are unwilling to work with?

Yes No 4. Are you allergic to animals? If yes, what kind? \_\_\_\_\_

Yes No 5. Do you have any medical problems you feel we should be aware of?  
If yes, please explain: \_\_\_\_\_

Yes No 6. Do you have any experience that you think would be useful to us?  
\_\_\_\_\_

Yes No 7. Are there any jobs you would be unwilling to perform?  
\_\_\_\_\_

Yes No 8. Would you be willing to foster an animal? If yes, what kind? \_\_\_\_\_

### Areas of Volunteer Interest

Please let us know what your current and future interests area:

\_\_\_\_\_ Clerical  
\_\_\_\_\_ Special Events/Fundraising  
\_\_\_\_\_ Shelter Assistants  
\_\_\_\_\_ Dog Training  
\_\_\_\_\_ Adoption Counselor  
\_\_\_\_\_ Foster Care  
\_\_\_\_\_ Dog Walking  
\_\_\_\_\_ Cat Socializer

### Please check days and times you prefer:

Shift Times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7:45a -12:00p							
2:00 – 4:00 pm							
3:30-5:30 pm							

How many hours per week do you have available to volunteer? \_\_\_\_\_

Comments: \_\_\_\_\_  
\_\_\_\_\_

**I give my permission to Country Acres Rescue to verify the above information. I understand this application does not guarantee acceptance to the CAR volunteer program.**

Signature \_\_\_\_\_ Date \_\_\_\_\_  
*If under 18, signature of parent/guardian* \_\_\_\_\_ Date \_\_\_\_\_