

Volunteer Application Form

Date:	
First Name:	Last Name:
Street Address:	
Mailing Address (if different from stre	et address):
City:	State: Zipcode:
Email Address	
Please list your phone numbers in the	e order you prefer to be called:
Phone #1	
Phone #2	
Phone #3	
Are you 16 or older?	Do you currently have medical insurance?
Have you received pre-rabies exposu	ure vaccines?
I am interested in participating in the	following ways (please select all that apply):
Animal Care	
Cleaning Projects	
Fund Raising	
Cage Building	
Grant Writing	

I am available to volunteer on the following days and times (check all that apply):

Mondays: 9 AM - 1 PM

3 PM - 7 PM 8 PM - 10 PM

Tuesdays: 9 AM - 1 PM

3 PM - 7 PM

8 PM - 10 PM

Wednesdays: 9 AM - 1 PM

3 PM - 7 PM

8 PM - 10 PM

Thursdays: 9 AM - 1 PM

3 PM - 7 PM

8 PM - 10 PM

Fridays: 9 AM - 1 PM

3 PM - 7 PM

8 PM - 10 PM

Saturdays: 9 AM - 1 PM

3 PM - 7 PM

8 PM - 10 PM

Sundays: 9 AM - 1 PM

3 PM - 7 PM

8 PM - 10 PM

Please return form by email to tina_trudeaurrv_roanoke@yahoo.com, or by mail to:

Zelia Broyles 671 E. Augusta Ave. Vinton, VA 24179