LOWER MAINLAND NETWORK FOR ANIMALS SOCIETY 3380 Liverpool Street, Port Coquitlam, B.C., V3B 3V8

VOLUNTEER APPLICATION FORM

Name:(Last)	(First)
Address:	
Home Phone: I	Best time to call:
Business Phone: 1	Best time to call:
Fax or E-mail number	
Occupation:	Date of birth
Employer/school	Day and month
How did you hear about our societ	y?
How many hours per week can you	u contribute?
Please circle days available M	T W TH F SA SU
When are you available Days	() Evenings () Weekends ()
Length of commitment: Flexible (More than 3 months ()) Less than 3 months ()
	If yes, how often would you wish to use reas such as pick up and distribution of donations,
Please indicate any previous work	experience in other volunteer organizations

Briefly describe why you offered to volunteer with this society (eg: community involvement, further experience in the field, concem for this cause. Etc.)

Do you have a specific achievement goal that you plan to accomplish through this volunteer experience?

Briefly describe the hobbies and interests you enjoy

Public Relations () Fundraising () Financial and Clerical ()
Animal Care ()	Spay/Neuter () Adoptions ()	
Distribution of foo	d and supplies() Transportation of Animals ()

Are there specific areas you would like to be involved in?

" " not like to be involved in _____

Are you comfortable working with people or do you wish to work with task oriented assignments?

Do you have experience with animals in areas such as training, grooming, veterinary experience, etc.

Date _____

Signature _____