

LOWER MAINLAND NETWORK FOR ANIMALS SOCIETY
3841 Killarney Street, Port Coquitlam, BC V3B 3G5
Phone: 604-942-2715 // Fax: 604-942-7533 // email: Lmn4animals@hotmail.com

VOLUNTEER APPLICATION FORM

Name (Last, First) : _____

Address: _____

Home Phone: _____ Best time to call: _____

Business or Cell Phone: _____ Best time to call: _____

Fax or E-mail: _____

Occupation: _____ Date of birth (day and month only) _____

Employer/school _____

How did you hear about our society? _____

How many hours per week can you contribute? _____

Please circle days available M T W TH F SA SU Days () Evenings () Weekends ()

Length of commitment: Flexible () Less than 3 months () More than 3 months ()

Do you have a vehicle? _____ If yes, how often are you willing to use it when volunteering (pick up and distribution of donations, transporting animals, etc.) _____

Please indicate any previous work experience in other volunteer organizations

Briefly describe why you would like to volunteer with this society (eg: community involvement, further experience in the field, concern 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 _____

Which areas are you interested in? (Check) Public Relations () Fundraising () Financial and Clerical ()
Animal Care () Spay/Neuter () Adoptions () Distribution of food and supplies () Transportation of Animals ()
Other specific areas _____

Is there a specific area you would like to be involved with? _____

Is there a specific area you would prefer to not be involved with ? _____

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. (please specify)

Date _____ Signature _____