



PARADISE ANIMAL SHELTER PASH VOLUNTEERS

To volunteer at the Shelter, please complete the following information.

Please print legibly

Name: _____ Age if under 18: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell # _____ Home # _____

E-Mail Address _____

In case of emergency, who do you want contacted:

Name: _____ Phone: _____

Relationship to you _____

How did you hear about the volunteer program at the shelter:

Tell us about any training, skills or experience you may have working with cats or dogs:

Please indicate the below areas of interest:

_____Dogs Only _____ Interested in Fostering

_____Cats Only _____ Interested in Fostering

_____Dogs and Cats

_____Animal Socialization and Training

_____Bathing/Grooming Animals

_____General Cleaning

I certify that the above information is true

Volunteer's Signature:_____Date:_____

If you are not 18 years or older, you must have a parent or legal guardian's signature also.

Parent Signature or
Legal Guardian_____ Date_____

FOR OFFICE STAFF USE ONLY:

Orientation Completed By:_____Date:_____

Interview Date_____Live Scan Date:_____

Badge Issued:_____