



# PARADISE ANIMAL SHELTER PASH VOLUNTEERS

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

## Please Print Legibly

Name: \_\_\_\_\_ DOB \_\_\_\_\_

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: \_\_\_\_\_

Volunteer Received 40 lbs. Lifting Restriction: \_\_\_\_\_

Interview Date \_\_\_\_\_ Live Scan Date: \_\_\_\_\_

Badge Issued: \_\_\_\_\_