

Dat e: / / 2014 SF Vo No: SF-(For Office use) **Volunteer Application** Preferred Location: Full Name: Calling Name: DOB: ____/ _____ Postal Address: Home Phone Number: Office Phone Number: Email: Mobile Number: VOLUNTEERS WORK IN THE AREAS OF: (see web-site for all job descriptions) • Administration • Adoption • Animal Training • Customer Service • Education • Foster Care • Special Events • Clinical Assistance • Feeding Program • Cruelty Investigations Mention your areas of interest: _____. Are you volunteering as part Institution / Office? If Yes Give the Address:

What languages do you speak?: _______.

Are you involved with any other animal welfare organization(s)?:

Have you had any form al education in pet care or animal welfare?:
:
Are you volunteering for an internship, graduation requirement, community service, self interest,
other?
·
Please list any special skills:
·
What days are you available? MTWTHFSASU
* Check List
Recent Photo with signature Backside (Scan both side & Attach with m ail) You can send this
application via our email or postal m ail.
Are you a minor under the age of 18, if yes, you MUST have your parent or legal guardian sign
on the signature line.
·
Our volunteer head will contact you to provide any additional inform at ion for you and arrange for
any t raining.
I Understand and Agree to the SCAN FOUNDATION's policies, regulations and procedures.
Signature with date
THANK YOU FOR YOUR INTEREST!
THANK YOU FOR YOUR INTEREST! THE ANI MALS NEED YOU!

We look forward to working with you to make the world a more humane place for animals.

Note: Volunteers are required to participate in at least one activity in 6 months. Otherwise his/ her volunteer ship will be cancelled without intimation. Individual volunteership donation Rs. 1000 for five Years. I f you would like to make a monetary donation please make checks / DD payable to "SCAN FOUNDATION".