



Animal Compassion Network (ACN) VOLUNTEER APPLICATION

Please complete and return to the volunteer check-in table at one of our adoption events (held at PETsMART, Asheville, 150 Bleachery Blvd., between 11a-1p on a 1st or 3rd Saturday of each month), email it to volunteers@animalcompassionnetwork.org, fax to (828) 213-0559 or mail to ACN, P.O. Box 1704, Skyland, NC 28776.

Name _____ Date of Application _____

Address _____ City, State, Zip _____

Home Telephone _____ Alternate Phone _____

Employer _____ Occupation _____

Work phone _____ May we contact you at work? _____

Age group <16 16-25 26-40 40-65 >65

Email address _____ Are you currently on our mailing or email list? Yes No

How did you learn about ACN's volunteer program?

Please tell us briefly why you would like to become a volunteer with ACN.

Do you have any prior experience as a volunteer? If yes, for what organization? What were your responsibilities? _____

Are you or have you ever been a member of another animal welfare organization? If yes, what was the extent of your participation?

Do you have any companion animals? If yes, please tell us about them.

Are your pets spayed or neutered? If not, please explain.

Volunteering for ACN involves dealing with the general public and different types of people, how do you feel about interacting with people on a regular basis while volunteering?

Please list your special skills, interests and hobbies.

Do you have any questions or comments about the philosophy of ACN?

Do you have any physical, medical, or psychological limitations or disabilities that may affect your ability to perform any volunteer activities or that we need to know (i.e. heart condition, mental illness, back injury, etc.)? If yes, please explain. _____

Please list two personal or professional references.

1. _____ email _____ phone _____

2. _____ email _____ phone _____

Please indicate the days of the week you are available to volunteer.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What times are you available? _____

When are you available to begin volunteering? _____

Do you need to complete volunteer hours for a school, organization or agency for community service? _____

Name of school/organization/agency _____ Number of hours needed _____

In case of an emergency, please provide a contact.

Name _____ Phone(s) _____

Which of the following volunteer opportunities interest you the most (please check all that apply)?

- Adoption events (animal care/dog walker)
- Adoption events (set up/take down)
- Adoption events (screening)
- Adoption events (adoption processing)
- Public relations
- Public education/outreach
- Adoption follow – up volunteer
- Fundraising committee
- Phone counselor – animal intake
- Phone counselor – adoptions
- Home inspection team
- Foster parent
- Marketing/promotions
- Cat Care at PETS MART
- Dog/cat marketing advocate
- Spay/neuter assistance team
- Grant research/writing

- Distribution of information (flyers, brochures)
- Animal medical intake clinic
- Special events (*Dine to be Kind, Adoptathon*)
- Writing – newsletter articles, editorials
- Administrative Assistant to the director – filing, faxing, phone calling, creating documents, emailing. **Seeking long-term volunteer to train.**
- I am interested in speaking to someone about long-term commitment and a coordinator or board member position

<i>For office use only</i>	Initial date of contact _____	Interview date _____
Position _____	Trained by _____	Date _____
Position _____	Trained by _____	Date _____
Position _____	Trained by _____	Date _____
Position _____	Trained by _____	Date _____
Placement (s) _____		
Comments _____		