

www.clawsandpawsaz.org Tucson, Arizona Phone (520) 389-8875 * Fax (520) 579-9275

Volunteer Application

Name:		E-mail Address:			
Address:		Cell Phone:			
City/State/Zip:		Work Phone:			
Home Phone:		Fax Number:			
Driver's License #:	State:	Age, if under 21:			
f you are volunteering thro	ugh a program (school, cour	t-ordered, etc.), please indicate	the followin	g:	
Organization:		Name of Contact:			
Address:		Phone:			
City/State/Zip:		Number of hours you are required to work:			
		the Claws and Paws Rescue (CP hat you answer the following ques		e that we find a	
Have you ever been convicted	of an animal-related offense?		☐ Yes	□No	
If yes, please explain:					
Have you ever been an animal	dealer, broker, or breeder?		☐ Yes	□No	
If yes, please explain:					
Have you ever been convicted	of a felony?		☐ Yes	□No	
If yes, please explain:					
Do you have any allergies or ot	ther physical conditions that might	affect your volunteer work?	☐ Yes	☐ No	
If yes, please explain:					
Occupation:					
May we call you on advice w	vithin your profession?		☐ Yes	□ No	
Educational background or s	specialized training:				

Special skills or talents that might benefit applications, etc.: (Please list)	Claws and Paws Rescue, such as training dogs, pr	oficiency in computer					
When are you available to volunteer?							
How many hours per week would you like to v	olunteer?						
How did you hear about CPR?							
Have you ever been an employee of, or volunt please explain:	teer for, another animal welfare organization? If yes,	☐ Yes ☐ No					
Who is your veterinarian?							
Please list the names and phone numbers of t	hree references (of those, please list at least two non-far Relationship	mily references): Phone					
	T interested in doing. There is a brief description for eac	h. Please carefully consider your					
□ Adoption Site Assistant: Clean, feed, □ Inquiry Counselor: Answer telephone a □ Animal Transport Team: Transport anim □ Community Education Team: Make pr □ Data Entry: Enter information in our dat □ Foster Caregiver (separate application □ Fundraising Team: Help raise the mon □ Grant Writing Team: Research governe □ Graphic Design: Help with the CPR We □ Newsletter Team: Write articles for our □ Petfinder Administrator: Help keep ou □ Photographer: Take pictures of animals □ Post-Adoption Caller: Call recent adop □ Publicity Team: help spread the word a	ch adoptable animals at our adoption sites. (Check site and walk animals at our adoption sites. (Check site and e-mail inquiries about animals available for adomals to veterinary appointments or adoption sites. resentations about CPR to community groups. abase. required): Keep animals in your home until they are ey to help CPR save lives. ment and private funding opportunities and help precede site, flyers, newsletters & Facebook pages. newsletter and help prepare it for production and dur Petfinder site up-to-date. s for Petfinder and CPR Web site. (Check sites at woters from your home to follow up on their new pet.	s at which you available.) option e adopted. epare proposals. istribution. which you available.)					
Please check the sites at which you are av ☐ PETSMART River Road/Orange Grove ☐ PETSMART Oro Valley	ailable to work:						

By my signature below, I certify that the information contained in this application is true and correct and I understand that false information is grounds for my termination as a volunteer. I consent to CPR's approval process, which can include, but is not limited to contacting references or contacting animal control and other animal agencies. I authorize the release information about my ability to care for animals by my references. I understand that this process is for the sole purpose of determining my suitability as a volunteer. I understand that CPR reserves the right to refuse any applicant without reason or explanation.

Signature of applicant:						
Signature of parent or guardian, if applicant is a minor:						
Printed Name:						
Today's Date:						
Accepted By:						
	CPR Representative					
					Revised: 29	October 2015
		CPR USE ON	LY			
Vet reference check approved by			Date_			
Personal reference cor	mments					
Applicant approved ☐ Yes ☐ No by				_ Date		
Training Class Completed on Date		In	structor			
Contract signed?						
Coordinator/Trainer co	mments:					