

VOLUNTEER INTEREST STATEMENT

Name: _____

Street Address: _____

City, State, Zip: _____

Phone: (H) _____ (W) _____ (C) _____

Email _____

Age: _____ 14-17 years _____ 18 years or older

Birthday (day/month): _____

Do you have any allergies or physical restrictions? _____ If so, briefly explain.

How did you hear about Horse Creek?

Why do you want to volunteer at Horse Creek?

Do you have any experience working with animals? _____ If so, briefly explain.

What special talents would you like to utilize at Horse Creek?

What type of service would you like to perform at Horse Creek (example: walk dogs, groom dogs, leash train)?

When are you available to volunteer?

Approximately how many hours per week do you plan to volunteer? _____

I confirm that the information provided on this form is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to policies and carry out my duties effectively and in the best interest of Horse Creek Wildlife Sanctuary and the animals.

Volunteer's Name (Please Print): _____

Volunteer's Signature: _____

Date: _____