



VOLUNTEER APPLICATION

To apply to become a volunteer, please complete this form and return it to:

Companions in Waiting, P.O. Box 213, Half Moon Bay, CA 94019

Please answer as completely as possible. Feel free to attach additional pages for longer answers.

YOUR CONTACT INFORMATION

Last name		First name	Email
Address			Daytime phone
City	State	Zip code	Evening phone

VOLUNTEER POSITION & EXPERIENCE

Which volunteer position(s) are you interested in?
Please check all that apply.

<input type="checkbox"/> Adoption Fair Staff	<input type="checkbox"/> Cat Care Volunteer
<input type="checkbox"/> Adoption Fair Transportation	<input type="checkbox"/> Communications Director
<input type="checkbox"/> Any available opportunity	<input type="checkbox"/> Other: _____

Have you ever worked with animals before? If yes, please provide details here.

Tell us about any experience you have relevant to the volunteer position(s) you're applying for.

Your signature below certifies that the above information is true and correct to the best of your knowledge. Any falsification of the above information is grounds for denial of this application.

Thank you for helping an animal in need!

Signature: _____ **Date:** _____

Office use only	Date	Approved? Y / N	Pos:	Initial:
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