

THE BUDDY FOUNDATION

Volunteer Application

(Please print and completely answer all questions)

Name: _____ Birth date: ____/____/____
Address: _____
City: _____ State: _____ Zip _____
Home Phone: _____ - _____ - _____ Cell: _____ - _____ - _____
E-mail: _____

Are you at least 18 years old? _____ (If not, state your age for child labor law purpose only _____)

EDUCATION

High School Graduated: _____
 College or Grad School Major: _____

PERSON TO CONTACT IN AN EMERGENCY

Name: _____ Phone: _____ - _____ - _____
Relationship: _____ Alt. Phone: _____ - _____ - _____

Present Employment: (Company) _____

Position: _____ How Long? _____

Phone if you can be reached at work _____ - _____ - _____

VOLUNTEER EXPERIENCE

Organization _____ How long a volunteer? _____

Responsibilities: _____

Are you now volunteering or have you ever volunteered for any other humane society or organization working for the benefit of animals? _____

If yes, please give the name (s) of the organizations and when you worked there. _____

VACCINATIONS/IMMUNIZATIONS/ALLERGIES

Please provide the date of your up-to-date tetanus immunization. Vaccinations are good for about 10 years. _____

Allergies _____

How much time can you donate to The Buddy Foundation per week? _____

THE BUDDY FOUNDATION

Volunteer Application (Con't)

(Please print and completely answer all questions)

Please indicate your preferences for volunteer work below:

BUSINESS

Fund raising _____
 Mailer _____
 Publicity _____
 Ideas? _____
 Front desk _____
 Web site _____

ANIMAL

Phone contact _____
 Fostering _____
 Foster committee _____
 Transportation _____
 Food/litter _____
 Adoption _____

Special Talents? (For example, art work, grooming, etc.) _____

Sometimes The Buddy Foundation needs professional or technical expertise. Please check what professional or life experiences you have that we may call upon you for advice.

Accounting _____	Marketing _____
Computers _____	Photography _____
Input _____	Public Relations _____
Technical _____	Secretarial _____
Electrician _____	Videographer _____
Other _____	

Said volunteer shall release and forever hold harmless THE BUDDY FOUNDATION for any and all liability as a result of volunteering, calling, transporting and/or relating with the animals of THE BUDDY FOUNDATION or any activity related thereto.

SIGNATURE: _____ Date: _____



THE BUDDY FOUNDATION
 65 W. Seegers Road
 Arlington Heights, IL 60005
 Web site: www.thebuddyfoundation.org
 E-mail: buddyfoundation@att.net
 847.290.5806

Cats Dogs Other: _____ Interviewed: _____