



Volunteer Application Form

Name:	
Date of Birth:	
Address:	
City:	
State:	
Zip:	
Home Telephone:	
Work Telephone:	
Cell Phone:	
Primary Email:	
Secondary Email:	

Are you a student?

Yes

No

Where? _____

Employer: _____

Type of work? _____

Previous volunteer experience:

Prior experience working with animals:

Do you have pets? If so, what kind?

Personal goals for volunteering with CCA?

How did you hear about our volunteer program?

I am interested in the following areas:

<input type="checkbox"/> Shelter Assistance	<input type="checkbox"/> Humane Education and Community Outreach
<input type="checkbox"/> Animal Transport	<input type="checkbox"/> Fund raising and Special Event Assistance
<input type="checkbox"/> Donation Collections	<input type="checkbox"/> Advertising and Communications
<input type="checkbox"/> Brick Memorial Program	<input type="checkbox"/> Perpetual Care Cemetary
<input type="checkbox"/> Administrative & Clerical Support	<input type="checkbox"/> Other: _____

Days and Times Available to Volunteer:

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
From:	From:	From:	From:	From:
To:	To:	To:	To:	To:

<input type="checkbox"/> Saturday	<input type="checkbox"/> Sunday
From:	From:
To:	To:

Signature

Date

Please return completed application to:

CCA – Volunteer Applications
PO Box 1332
Simpsonville, SC 29681

For Office Use Only

Date of Contact: _____ By: _____
Orientation Date: _____

Date of 1st Volunteer Service: _____