



VOLUNTEER APPLICATION

P.O. Box 10328, Brooksville, FL 34603

7200 MOBLEY RD • BROOKSVILLE, FL • 34601 • (352) 796-2711

Name : _____ Date of birth : _____

Email : _____ Phone : _____

Address : _____

City : _____ State : _____ Zip : _____

How would you like to spend your volunteer hours?

Choose all that apply.

- | | |
|--|--|
| <input type="checkbox"/> TLC Provider | <input type="checkbox"/> Dog Walker |
| <input type="checkbox"/> Animal Care Giver | <input type="checkbox"/> Education Presenter |
| <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Foster Home |
| <input type="checkbox"/> Social Media / Internet Marketing | <input type="checkbox"/> Handy Man / Woman |
| <input type="checkbox"/> Customer Care | <input type="checkbox"/> Special Skills |

What days and hours are you available to volunteer?

Please be as specific as possible so we can match your needs with the shelter's needs.

Do you need volunteer hours verified for employer, government agency, or school? Yes No

Employer or school : _____

Have you ever been convicted of a felony? Yes No

If yes, please explain.

Signature : _____ Date : _____