

A BRIGHTER DAY ANIMAL RESCUE LEAGUE

P.O. Box 14873 Columbus, Ohio 43214

<https://www.abdanimalrescueleague.org/>

abdanimalrescueleague@gmail.com



Volunteer Application

1. APPLICANT INFORMATION

Full Name _____ Date of Birth (mm/dd/yyyy) _____

Parent/Guardian name if applicant is under the age of 18 _____

Phone _____ Email _____

Address _____

City: _____ State: _____ Zip Code: _____

Workplace _____ Occupation _____

Emergency Contact Name _____

Emergency Contact Phone Number _____

Are you volunteering to fulfill required volunteer hours for school? ____ Yes ____ No

If so, what school? _____

School Phone Number _____

Do you have any previous volunteer experience? If so, please list organization(s). List an organization reference below if possible.

Are there any other animal rescue organizations in which you are currently affiliated? If so, who? List an organization reference below if possible.

References (Only one may be a relative)

Name _____ Phone Number _____

Name _____ Phone Number _____

What experience or skills do you have? (Check all that are applicable)

- Dog Care
- Cat Care
- Fostering Animals
- Event Planning/Participation
- Fundraising
- Marketing
- Website Management/Design
- Veterinary Medicine
- Behavioral Exams/Training

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- Grooming
- Other _____

Do you have any physical restrictions, medical limitations or allergies that may affect your volunteer duties? Please list.

What activities would you like to be a part of?

- Dog Care
- Cat Care
- Fostering Animals
- Event Planning/Participation
- Fundraising
- Marketing
- Website Management/Design
- Veterinary Medicine
- Behavioral Exams/Training
- Grooming
- Other _____

What days are you available?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>	<i>Morning</i>
<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>	<i>Afternoon</i>
<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>	<i>Evening</i>

- I understand that before volunteering at any event, volunteer orientation MUST be completed. I also understand that there shall be no audio or video recordings at any ABD events or at the volunteer orientation unless permission is given by a qualified ABD representative.

Applicant Printed Name _____

Applicant Signature _____ Date _____

Parent/Guardian Printed Name _____

Parent/Guardian Signature _____ Date _____