



Volunteer Application

Personal Information

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Date of Birth: _____

Email address: _____

Daytime Phone: _____

Evening or Second Phone: _____

Best time to call: _____ AM/PM to _____ AM/PM

Preferred contact number: _____

Emergency Contact Information

Contact #1

Name: _____

Relationship: _____ Phone #: _____

Contact #2

Name: _____

Relationship: _____ Phone #: _____

I would like to help by volunteering to:

Help at an adoption event Help at a special event Serve on a committee Other (please specify)

Please mail this form to us at:
A.D.O.P.T. Pet Rescue
P.O. Box 1861
Westerville, OH 43086