

# VOLUNTEER APPLICATION

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Cell # ( \_\_\_\_\_ ) \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-Mail(s): \_\_\_\_\_

\_\_\_\_\_

Profession: \_\_\_\_\_



Employment Status:     Full-time     Part-time     Home based     Retired

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

How did you hear about Peace for Pets?

\_\_\_\_\_  
\_\_\_\_\_

Have you attended any of our programs?     Yes     No

If yes, which ones?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please describe your experiences with companion pets?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What pets have you owned in the last 5 years? Please provide type of pet, breed, sex, spayed or neutered, age, and status of pet (i.e., currently own, deceased, etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What other types of volunteering have you done?

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Why do you want to volunteer with Peace for Pets?

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Please describe volunteer activities that interest you. Check any that apply to you:

- Transport of companion pets in our domestic violence program.
- Assist with a booth or table at a community fair or pet event.
- Work with/manage a database, entering contact information and printing labels as needed.
- Stuffing/posting a mailing.
- Distributing flyers for upcoming Peace for Pets programs.
- Speaking with members of the public about the responsibilities of companion pet ownership
- Our Trap Neuter Return (TNR) Program for feral cats.
- Foster Care for the pets of Survivors of Domestic Violence

Do you have a Veterinarian?  Yes  No

If yes, we would like to contact him or her for a reference:

Who is your Veterinarian: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # ( \_\_\_\_\_ ) \_\_\_\_\_

Please provide the name and telephone number of two references, one of which must be a non-relative:

1) \_\_\_\_\_ 2) \_\_\_\_\_

\_\_\_\_\_

I CERTIFY THAT THE ABOVE ANSWERS ARE TRUE. I HEREBY GIVE PEACE FOR PETS, INC. PERMISSION TO CONTACT MY VETERINARIAN AND REFERENCES REGARDING THE ATTENTION I HAVE PROVIDED MY PETS AND OTHER ANIMALS UNDER MY CARE.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Return application by FAX to 330-484-9538, or mail to:

Peace for Pets, Inc.  
1435 Market St N  
Canton, OH 44714.

Our goal is to get back to you within 5 business days upon receipt of the application.  
We will notify you of our receipt. Thank you for your interest in the pets.