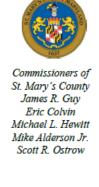
St. Mary's Animal Adoption & Resource Center (301) 475-8018 22975 FDR Blvd. California, MD 20619 Jennifer Utz Director, Dept. of Emergency Services

Personal Information





Volunteer Application

The St. Mary's Animal Adoption & Resource Center encourages the participation of volunteers who support the following mission: "Advocating for Humane Treatment of All Animals."

Please complete the Volunteer Application below (you must be over 18 years of age to participate in the adult volunteer program). The information on this form will help us to find the most satisfying and appropriate job for you.

Name:______ Date of Birth:_____ Address: City: Zip: Home Phone:_____ Email:____ **Emergency Contact** Name: Relationship:_____ Home Phone: _____ Mobile Phone: ____ Please check the volunteer opportunities you are interested in: ■ Walking/Socializing ☐ Clerical/Filing ☐ Adoption Counselor Dogs Socializing Cats ☐ Fundraising/Special ☐ Foster Parent **Events** ☐ Grooming Photography ■ Landscaping Please check the animals you are comfortable working with: ☐ Small/Med Dogs ■ Med/Large Dogs ■ Puppies/Kittens

Mailing Address: Address: P.O. Box 653 Leonardtown, MD 20650 Maryland Relay for Impaired Hearing or Speech: 1-800-735-2258

☐ Adult Cats	Rabbits, Ha other small	msters,	ls
List any other animals or a	reas of interest not listed	above	
Please Indicate the time(s		ble to volunteer:	
Monday	Tuesday		
Wednesday	Thursday	<u></u>	-
Friday	Saturday	Sunday	
Length of volunteering:			
Ongoing	☐ Short Term	☐ Semester	
☐ Summer Only	☐ School Year	Other	
Volunteer Agreement and	l Signature		
I agree to perform volunte information provided on t functions and duties assig Volunteer Coordinator for	eer services for the St. Ma this application is truthful ned. I understand if I am of possible placement in an antee acceptance to the S	ry's Animal Adoption & Resource and I am able to perform the nectionable to perform my volunteer of other volunteer position. I furthet. Mary's Animal Adoption & Resound a training session.	essary volunteer duties, I may contact the er understand that this
Volunteer Signature		Date	