



# Protectors of Animals, Inc.

P.O. Box 24 • South Glastonbury, CT 06073

All Inquiries: (860) 569-0722 • Fax #: (860) 895-9110 • www.poainc.org

## VOLUNTEER APPLICATION

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

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

Mailing Address: (if different) \_\_\_\_\_

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

Phone: (daytime) \_\_\_\_\_ (evening) \_\_\_\_\_ E-mail Address \_\_\_\_\_

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

1. Are you at least 18 years old? YES \_\_\_\_\_ NO \_\_\_\_\_
2. Are you a member of POA? YES \_\_\_\_\_ NO \_\_\_\_\_
3. Have you ever adopted a cat/dog from POA? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Have you ever done any volunteer work: YES \_\_\_\_\_ NO \_\_\_\_\_
5. If YES, please tell us where, when, and describe duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. Are you interested in doing volunteer work with: Dogs \_\_\_\_\_ Cats \_\_\_\_\_

7. Listed below are some of the areas in which volunteers are needed. Please check areas in which you have experience, skills or interest.

### Skills Interest

- Administrative/Clerical
- Adoption Counselor/Assistant
- Adoption Follow-up
- Animal Care/Kennel Support
- Animal Grooming  Dogs  Cats
- Animal Handling  Dogs  Cats
- Animal Socialization  Dogs  Cats
- Art/Design/Crafts
- Computers/Data Input
- Dealing with the Public
- Education
- Fund Raising/Special Events
- Foster Care  Dogs  Cats

### Skills Interest

- Grant Writing
- Legislative
- Medical Team
- Phone Work
- Photography/Video Team
- Public Speaking
- Publicity/Public Relations
- Research
- Rescue/Trapping
- Teaching
- Transportation
- Veterinary Technician/Assistant
- Writing/Editing

8. Please tell us your reasons for volunteering with POA. What are you hoping to gain from this experience? What are you hoping to give.

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9. Are there specific volunteer areas that you are interested in ? (i.e., shelter work, adoptions, fund raiser, at-home work).

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10. How many hours, per week are you willing to contribute?

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11. When are you available?

Weekdays: (mornings) \_\_\_\_\_ (afternoons) \_\_\_\_\_ (evenings) \_\_\_\_\_

Weekends: (mornings) \_\_\_\_\_ (afternoons) \_\_\_\_\_ (evenings) \_\_\_\_\_

Other: \_\_\_\_\_

12. Please list (2) personal or business references:

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

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

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

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

13. Use this space to include any other information that may be useful in helping us to place you in the optimal POA volunteer position:

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Please send this completed form to: **Protectors of Animals, 144 Main St., East Hartford, CT 06118**