



VOLUNTEER APPLICATION FORM

Thank you for your interest in volunteering with Safe Haven, a 95% volunteer organization and pet adoption center since 1996. Safe Haven provides a clean, safe and no-kill environment for dogs and cats. You must be at least 16 years of age to volunteer or be accompanied by a parent or legal guardian.

First Name _____ Last Name _____ Date _____

Address _____

City _____ State _____ Zip _____ email _____

Home Phone _____ Cell Phone _____ Best way & time to reach you _____

Other than a love of animals, why do you want to volunteer for Safe Haven? Please explain.

Safe Haven is looking for committed volunteers who can give at least 3 months of service. Please choose a time frame that will work best for you.

List the maximum number of hours per week that you can volunteer _____

Choose a time frame: ___ 1-3 months ___ 6-12 months ___ One year plus ___ Special project or event

Will your volunteerism fulfill any obligation of the following? ___ Work Study ___ Community Service ___ Job Training

Education: (Circle last year completed): High School 1 2 3 4 College 1 2 3 4 Graduate 1 2

Check areas of interest: Preference: ___ Sanctuary ___ Thrift Store

- | | | |
|---|--|--|
| <input type="checkbox"/> Adoption Team | <input type="checkbox"/> Dog Wash Events | <input type="checkbox"/> Graphic Design |
| <input type="checkbox"/> Animal Transport | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Groomer |
| <input type="checkbox"/> Artistic/Creative | <input type="checkbox"/> Farmers' Market | <input type="checkbox"/> Grounds Keeping |
| <input type="checkbox"/> Building Maintenance | <input type="checkbox"/> Festivals | <input type="checkbox"/> Plumbing/Electrical |
| <input type="checkbox"/> Cat Care | <input type="checkbox"/> Fostering | <input type="checkbox"/> Thrift Store |
| <input type="checkbox"/> Clerical Duties | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Other |
| <input type="checkbox"/> Dog Care | <input type="checkbox"/> Grant Research | |

Physical Limitations (List) _____

Volunteer training is required for all volunteers. This will take place on your first visit and possibly longer. Policies and procedures will be discussed, along with safety rules for your protection. A Waiver of Liability must be signed.

Either mail this application to SHAS Volunteers, 840-D El Paseo, Las Cruces, NM 88001, hand deliver, or scan and email to triciaquillen@gmail.com. This application is also available on line at www.shaspets.com.

SHAS OFFICE ONLY:

Interview Date _____ Scheduled Training Date _____

Position _____ Shift Day and Time _____ Start Date _____

Signature of Vol. Coordinator/Manager _____ Date _____