

Save Ohio Strays
P.O. Box 16
Wadsworth, Ohio 44282
440-567-3585



VOLUNTEER INFORMATION FORM

Name _____ Email _____

Address _____ City _____ Zip Code _____

Home Phone _____ Other Phone _____

Email _____

Occupation _____

Are you at least 18 years of age? Yes No If no, what is your age? _____

How would you like us to contact you regarding upcoming events? Email or Phone

What is the best time to contact you? M T W TH F Sa Su between _____ and _____

Please check your availability for volunteering.

_____ Weekdays – Morning	_____ Saturday – Morning	_____ Sunday - Morning
_____ Weekdays – Afternoon	_____ Saturday – Afternoon	_____ Sunday - Afternoon
_____ Weekdays – Evening	_____ Saturday – Evening	_____ Sunday – Evening

What volunteer opportunities are you interested in? Please circle all areas of interest.

Dog Foster Home	Cat Foster Home	Transporter	Youth Group Coordinator
Adoption Follow Up	Humane Education	Volunteer Scheduling	Bulletin Board Promoter
Fundraising	Grant Writing	Community Events	Procuring donated goods

Do you have any special talents or skills? _____

Any additional information you would like to share with us: _____

Do you have any disabilities or physical conditions we should be aware of? Yes No

If yes, please describe. _____

EMERGENCY CONTACT:

Name _____ Relationship _____

Home Phone _____ Alternate Phone No. _____

Signed _____ Date _____