



VOLUNTEER APPLICATION

Date of Application: _____

Name: _____

Date of Birth: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Mobile Phone: _____

Email Address: _____

In addition to newsletters we use email to contact volunteers with information on events, policy updates and volunteer opportunities. If you do not want us to contact you by email please do not include your email address.

Previous Volunteer Experience: _____

Area(s) preferred: _____

We will try our best to accommodate your request. Facility assignments are based on the number of openings available. Please be advised that we cannot guarantee participation in the hospital or reading programs as space is limited.

Days/Hours Available to Volunteer: _____

How many times a month are you able to volunteer?

- Once Twice Three Times Four Times

How did you hear about Sunshine Friends? _____

Complete one pet application for each pet that you would like to have evaluated and submit along with the Volunteer Application to the address listed below.

Annual Membership Donation: \$15.00 if you do not have a pet. If you have one pet, it is \$18.00 If you have more than one pet it is \$5.00 for each additional pet up to \$28.00. First Year Membership Donation due at the new volunteer orientation.

Rev. 12/08