



VOLUNTEER APPLICATION

CONTACT INFORMATION		
First Name:	MI:	Last Name:
Address:		
Email:	Phone:	
AVAILABILITY		
SPECIAL SKILLS & QUALIFICATIONS		
PREVIOUS VOLUNTEER EXPERIENCE		
EMERGENCY CONTACT INFORMATION		
Name:	Phone:	
Address:		
Email:		
AGREEMENT & SIGNATURE		
<p>By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I release Concern for Animals from any liability for injury or damage to personal property. I understand that if I am under the age of 18 I am required to have my parent or guardian's permission, indicated by their signature below, and may be limited to volunteer times when other adult volunteers are present.</p>		
Signature:	Date:	
Parent/Guardian Signature:	Date:	
<p><i>It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual orientation, age, or disability.</i></p>		
<p>Thank you for your interest in volunteering with CFA. Please return this application by mail to: Concern for Animals 1414 State Ave NE, Olympia, WA 98506 or email to: opc.cfa@gmail.com</p>		

