

Pet Pals Volunteer Application

Electronic Version: <http://www.petpalsmarblefalls.org/volunteer>



Our Mission

The mission of Pet PALS is to provide low cost spay and neuter services and educate the public about the impact of unaltered companion animals in the community. Our primary goal is to have a significant effect on the euthanasia (a nice word for “kill”) rate at our regional animal control facilities, conservatively estimated to be 5,000 or more per year. This is primarily due to indiscriminate breeding. It is less expensive to spay or neuter an animal than it is to euthanize it. Your local tax dollars go toward this practice, tax money that could be better spent elsewhere.

Contact Information

Name		Date:	DOB:
Street Address			
City State ZIP			
Home Phone			
Work Phone			
E-Mail Address			

Availability

During which hours are you available for volunteer assignments?

Weekday mornings

Weekday afternoons

Weekend mornings

Weekend afternoons

Interests

Please check any/all areas where you are interested in volunteering:

Clinic Opportunities:

Greeter/Numbers

Pet Registration

Dog Weigh-In

Cat Weigh-In

Cashier

Autoclave

Food Prep/Clean-Up

Dog Recovery

Cat Recovery

Dog Monitor/ Cage Clean-Up

Callbacks

Discharge Instructions

Clean-Up

Non-Clinic Opportunities:

Pet PALS Website Maintenance

Special Events (Nat'l Spay/Neuter Day, Volunteer Appreciation Day)

Pet PALS Administration (Research, Grants, Public Relations, Fundraising, Filing, Documents Updating)

Special Skills or Qualifications and Previous Volunteer Experience

Summarize special skills and qualifications you have acquired from employment or through other activities, including hobbies or sports.

Summarize your previous volunteer experience.

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Emergency Contact

Name	
Street Address	
City State ZIP	
Home Phone	
Work Phone	
E-Mail Address	

Agreement and Signature

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.

Name (printed)	
Signature	
Date	

Thank you for completing this application and for your interest in volunteering with us.

Mail: Pet Pals Volunteer Coordinator, P.O. Box 916 Marble Falls, TX 78654

Drop Off: Pet Pals Clinic, 2003 Hwy. 1431 West, Marble Falls, TX 78654

Email to: info@petpalsmarblefalls.org