



Volunteer Questionnaire

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Cell Phone: _____

Date of Birth: _____

Email: _____

EMERGENCY CONTACT:

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Have you volunteered at an animal rescue before?

No Yes, Where? _____

What days would you be able to volunteer at AGWC Rockin' Rescue?

- Monday
- Tuesday
- Wednesday
- Thursday
- Friday
- Saturday
- Sunday

Do you have experience with animals?

- Large Size Dogs
- Medium Size Dogs
- Small Size Dogs
- Cats
- Rabbits

What are you interested in doing as a volunteer?

- Walking Dogs
- Cleaning cat rooms
- Grooming animals
- Socializing Cats
- Fostering Dogs/Cats
- Fundraising
- Other _____

Do you have any of the following skills/experiences?

- Professional Photography
- Bottle Feeding
- Graphic Design
- Grooming
- Writing articles
- Fundraising
- Other _____

I need to collect hours for:

- School
- Community Service
- other _____

Number of hours: _____

Date: _____ Print Name: _____

Signature: _____

Please email this Questionnaire to rescue@agwc501.org.