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Volunteer Care Application

Name:	Phone (day):
Address:	Phone (eve):
	Phone (cell):
	State:
	Email:
Are you allowed to house animals? Yes No What Kind?	How Many?
Personal Pet Profile Please list all pets currently a part of your househ	
Type Breed Sex/Age	Vaccinations/up to date Spayed/Neutered?
What kind of Volunteer are you able to do? () Dogs Walking () Set up/brake down () Transport dogs. () other: Is this your first experience with a dog? Y N Ple	ase explains:
Do you have dog crates to use for transport? Y N	1
	r family that you feel this organization needs to know (i.e. previous roups you have worked with, special skills or training, personal
be grounds for denial of this application or termin	prrect. I understand that any falsification of the above information may nation of my volunteer status. I acknowledge that this application and I authorize them to conduct an on-site inspection of the premises
Signature:	Date: