Volunteer Application

Four Paws Animal Foundation
P. O. Box 8260, Bartlett, IL 60103
(630) 289-0478 E-mail mrkoko@att.net



Contact Information		
Name		
Street Address		
City ST ZIP Code		
Home Phone		
Work Phone		
E-Mail Address		
Availability		
During which hours are you av	ailable to help out at fund-raising events?	
Weekend mornings	Weekend afternoons	
weekend mornings	Weekend alternoons	
Interests		
Tell us in which areas you are	interested in volunteering	
Fostering cats/kittens		
Events		
Fundraising		
Press Releases		
Help Webmaster with Web Site		
Valuntaan aaandi: -4-:		
Volunteer coordinator		

Special Skills or Qualifications		
Summarize special skills		
1		
Previous Volunteer Exper	ience	
Summarize your previous volunteer experience.		
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.		
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Name (printed)		
Signature		
Date		
Our Delieu		
Our Policy		
national origin, gender, sexual	tion to provide equal opportunities without regard to race, color, religion, preference, age, or disability.	
Thank you for completing this application form and for your interest in volunteering with us.		
PARENT SIGNATURE OF UINDER 18 YEARS OF AGE:		