



Volunteer Services Application Form

Our organization encourages the participation of volunteers who support our mission to save and protect the lives of all animals. If you agree with our mission and are willing to be interviewed and trained in our procedures, we encourage you to complete this application! The information on this form will be kept confidential and will help us find the most satisfying and appropriate volunteer opportunity for you!

Name: _____

Phone: _____

Email: _____

Address: _____

Employer/School: _____

Occupation: _____

Why do you want to volunteer at CedarHill? What do you hope to gain from being a volunteer?

What are your hobbies and/or extra-curricular interests?

Are you interested in working in a specific area? If so, please select from the options below all that apply.

- Domestic cats Dogs Horses Parrots Pigs
Groundskeeping Enrichment Building

Do you have any specific skills, training or experience that you feel will help you as a volunteer here? If so, please list it below.

Please describe your educational background.



Current/Past Volunteer Experience

Organization:	_____
Position/Duties:	_____
Dates of Service:	_____

Organization:	_____
Position/Duties:	_____
Dates of Service:	_____

Current/Most Recent Employer

Employer Name: _____
Position/Duties: _____
Dates of Service: _____

Date/Time Volunteer Availability

Check all that apply

	M	T	W	Th	F	Sa	Su
8:00							
9:00							
10:00							
11:00							
12:00							
1:00							
2:00							
3:00							
4:00							

If accepted into our volunteer program, when can you start?

All volunteer positions require a criminal history check. Convictions will not necessarily disqualify you from participating. Have you ever been convicted of a felony? If yes, please explain below.

CedarHill Animal Sanctuary is an Equal Opportunity Employer. It is the policy of the CedarHill Animal Sanctuary not to discriminate against any applicant on the basis of sex, race, color, age, marital status, national origin, religion, sexual orientation, and disability, status as an individual with a disability, protected veteran or any other protected trait.

Volunteer Emergency Information

Name:	
Birth Date:	
Health Concerns:	
Allergies (if any):	

Emergency Contact 1

Name: _____ Phone (home): _____
Relationship: _____ Phone (work): _____

Emergency Contact 2

Name: _____ Phone (home): _____
Relationship: _____ Phone (work): _____

Physician Contact (if necessary)

Name: _____ Phone: _____
Address: _____

Hospital Preference: _____

Hospital Phone: _____