



# Monroe County Friends of Animals

www.FriendsofAnimalsMC.org

## Be a Hero ... Save a Life ... Volunteer!

### Volunteer Application

Please PRINT Clearly

Name \_\_\_\_\_ (Must be 18+) Age? \_\_\_\_\_ (mm/yy)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email \_\_\_\_\_ Do you Text? Y N

Phones: ( ) Cell \_\_\_\_\_ ( ) Home/Work \_\_\_\_\_ (Check Primary)

Emergency Contact \_\_\_\_\_ Phone # \_\_\_\_\_

**Check Areas of Interest:** \_\_\_\_\_ **Number & Type of Pets at Home** \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| Shelter Activities                          |  | Fostering: Dogs / Cats                            |  |
| Dog Walking                                 |  | Adoption Events                                   |  |
| Grooming                                    |  | Animal Transport (Local and/or long distance)     |  |
| Cat Socialization                           |  | Animal Rescue (programs, clerical assist)         |  |
| Shelter Housekeeping (laundry/cleaning)     |  | Fund Raising Events (planning, implementation)    |  |
| Yard Maintenance (mowing/landscaping)       |  | MCFA Thrift Store (retail and warehouse)          |  |
| Facility Maintenance                        |  | Road Blocks (three a year in surrounding cities)  |  |
| Admin/Clerical (front desk or phone assist) |  | Public Relations (media releases, news stories)   |  |
| Photography (Shelter adoptions/events)      |  | Website expertise                                 |  |
| Social Media Updates                        |  | Off-site activities (Computer skills, data input) |  |

Date(s) of Availability for Orientation \_\_\_\_\_

Please indicate the day(s) of the week you can volunteer & indicate either AM or PM \_\_\_\_\_

I hereby agree to serve and commit to the following:

- Meet shift and duty commitments or provide adequate notice so that alternative arrangements can be made.
- Adhere to MCFA's rules and procedures, including confidentiality of MCFA information.
- Perform volunteer duties to the best of my ability.
- Volunteer at least eight hours per month.

I understand that if I have any concerns and/or complaints, I will bring the matter to the attention of the Volunteer Coordinator and/or the Shelter Director. If not satisfied, I am encouraged to contact any MCFA Officer or Board member.

Volunteer Signature \_\_\_\_\_ Date \_\_\_\_\_

\*\*\* Return this form to the shelter front desk or mail to MCFA, P.O. Box 106, Vonore, TN 37885 \*\*\*

\*\*\* Or Email with Application to: [MCFA37885@gmail.com](mailto:MCFA37885@gmail.com) \*\*\*

You will be contacted in a few days.

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\*\*\*Section below to be completed by Volunteer Coordinator or Thrift Store Manager after orientation training.\*\*\*

- ( ) New Volunteer has completed initial training
- ( ) Volunteer has read and indicated comprehension of MCFA guidelines/expectations
- ( ) The indemnity agreement / waiver has been signed and is attached

Orientation Date (dd/mm/yy) \_\_\_\_\_ Agreed upon time & dates for volunteering \_\_\_\_\_

Trainer's Signature & Date \_\_\_\_\_

Comments: \_\_\_\_\_