



Faithful Hearts Animal Shelter

PO Box 5014
Eastman, GA 31024
(478) 231-6942
www.fhanimalshelter.org

Volunteer Application

Name: _____

Street Address: _____ City, State, Zip: _____

Cell Phone: _____ Home Phone: _____

Date of birth: _____

Tetanus vaccine is required for anyone who works with the animals.

Date of last booster: _____ (must show proof)

Emergency Contact

Name: _____ Relationship: _____

Primary Phone: _____ Secondary Phone: _____

Check any area in which you would like to participate:

- | | |
|--|---|
| <input type="checkbox"/> Shelter Care | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Adoptions (special weekend adoption events) | <input type="checkbox"/> Humane Education |
| <input type="checkbox"/> Fostering | <input type="checkbox"/> Yard Maintenance |
| <input type="checkbox"/> Grant Writing (research and apply for grants) | |

What animals are you comfortable handling and working with?

What animals are you NOT comfortable working with?

Are you volunteering to fulfill a court-ordered community service requirement? Yes* No

*If yes, how many hours? _____

Days you are available to volunteer: Mon Tues Wed Thurs Fri Sat Sun

What hours are you available to volunteer?

Weekdays: 8:00am - 11:00am 6:00pm - 8:00pm

Weekends: 8:00am - 11:00am 6:00pm - 8:00pm

How often are you available to volunteer?

Once a week More than once a week On call

Do you have any special experience, skills, training, interests, or hobbies you would like to share?
