



Quincy Animal Shelter

Physical Street Address:

Quincy Animal Shelter

440R E. Squantum St.

Quincy, MA 02171

Email: volunteer@quincyanimalshelter.org

www.quincyanimalshelter.org

Mailing Address:

Quincy Animal Shelter

P.O. Box 690088

Quincy, MA 02269-0088

Quincy Animal Shelter ("QAS") values its volunteers tremendously. Without our Volunteers, the Shelter would not function.

Steps to Becoming a Volunteer:

1. Complete and return this Application to the Volunteer Coordinator via email to: volunteer@quincyanimalshelter.org or regular mail to:
Quincy Animal Shelter, Volunteer Coordinator, P.O. Box 690088, Quincy, MA 02269-0088.
2. Attend training classes as required for specific activities. All volunteers are on a probationary period until training is completed.

We require that all Volunteers commit to volunteer for a minimum of two hours per week for a period of at least six months.

Please understand that completion of this application does not assure placement. QAS fills the positions and time slots that are needed. Accuracy and completeness of this form are important in determining the acceptability for a volunteer position with QAS. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the qualification process. All pre-placement inquiries are made for the purpose of establishing your qualifications for placement with QAS.

Volunteer Profile

Today's Date: _____

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Home telephone:
Cell phone:	Other number (e.g.work):
How did you hear of the QAS Volunteer Program?	
Current or previous work experience: Job Title or Description _____ Place of Employment _____	

Briefly explain your experience with cats/ dogs and why you wish to volunteer with Quincy Animal Shelter:

Skills and Experience

Have you had any formal education/training in pet care or animal welfare? Yes No

Where: _____ When: _____ Type of education/training: _____

Have you done any other volunteer work? Yes No

Where: _____ When: _____ Type of work performed: _____

Do you have a special skill (Photography? Writing? Event Planning?) If employed/retired, what have you done for work? _____

Areas of interest, Please check all that apply:

Canine care Feline care Marketing Fundraising
 Foster care Feral cat care Medical care Other (Please specify) _____

Do you know any QAS volunteers? Name(s): _____ Relationship: _____

Have you ever been a volunteer at QAS before? Yes No *If yes, when?* _____

If yes, what was your reason for leaving? _____

Have you adopted an animal from QAS? Yes No *If yes, who did you adopt and when?* _____

Are you a member of any other animal welfare organization? Yes No *If yes, how do you participate?* _____

Availability

Please circle the days/times you are available for volunteer work:

(not required for Foster care, Marketing, Feral Cat care or Fundraising)

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:30-10:30 a.m.						
4 - 6 p.m.	6 - 8 p.m.	4 - 6 p.m.				

Miscellaneous:

Do you have any allergies or conditions that might affect your volunteer work? Yes No

If yes, please describe: _____

Do you have a valid driver's license? Yes No

Please list a contact in case of an emergency:

Name: _____ Relationship: _____

Daytime telephone: _____ Evening telephone: _____