

LOWER MAINLAND NETWORK FOR ANIMALS SOCIETY  
3841 Killarney Street, Port Coquitlam, BC V3B 3G5  
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## VOLUNTEER APPLICATION FORM

Name (Last, First) : \_\_\_\_\_

Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Business or Cell Phone: \_\_\_\_\_ Best time to call: \_\_\_\_\_

Fax or E-mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Date of birth (day and month only) \_\_\_\_\_

Employer/school \_\_\_\_\_

How did you hear about our society? \_\_\_\_\_

How many hours per week can you contribute? \_\_\_\_\_

Please circle days available M T W TH F SA SU Days ( ) Evenings ( ) Weekends ( )

Length of commitment: Flexible ( ) Less than 3 months ( ) More than 3 months ( )

Do you have a vehicle? \_\_\_\_\_ If yes, how often are you willing to use it when volunteering (pick up and distribution of donations, transporting animals, etc.) \_\_\_\_\_

Please indicate any previous work experience in other volunteer organizations

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe why you would like to volunteer with this society ( eg: community involvement, further experience in the field, concern for this cause, etc.) \_\_\_\_\_

Do you have a specific achievement goal that you plan to accomplish through this volunteer experience?

\_\_\_\_\_

Briefly describe the hobbies and interests you enjoy \_\_\_\_\_

Which areas are you interested in? (Check) Public Relations ( ) Fundraising ( ) Financial and Clerical ( )  
Animal Care ( ) Spay/Neuter ( ) Adoptions ( ) Distribution of food and supplies ( ) Transportation of Animals ( )  
Other specific areas \_\_\_\_\_

Is there a specific area you would like to be involved with? \_\_\_\_\_

Is there a specific area you would prefer to not be involved with ? \_\_\_\_\_

Are you comfortable working with people or do you wish to work with task oriented assignments? \_\_\_\_\_

Do you have experience with animals in areas such as training, grooming, veterinary experience, etc. (please specify)

\_\_\_\_\_

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