



VOLUNTEER APPLICATION

ABOUT YOU

First and Last Name: _____

Birthdate: _____

Phone Number: _____

Email: _____

Address: _____

What is your preferred method of communication? (check all that apply)

Text: _____ Email: _____ Phone: _____

AREAS OF INTEREST (Check all that apply)

General care of animals _____ Errands _____

Kennel attendant assistance _____ Administrative assistance _____

Transports _____ Fostering _____ Fundraising _____

EXPERIENCE AND/OR SPECIAL SKILLS

Describe any related work or volunteer experience

AVAILABILITY (check all that apply)

MONDAY Morning _____ Afternoon _____ Evening _____

TUESDAY Morning _____ Afternoon _____ Evening _____

WEDNESDAY Morning _____ Afternoon _____ Evening _____

THURSDAY Morning _____ Afternoon _____ Evening _____

FRIDAY Morning _____ Afternoon _____ Evening _____

SATURDAY Morning _____ Afternoon _____ Evening _____

SUNDAY Morning _____ Afternoon _____ Evening _____

Emergency Contact Information

Emergency Contact Name: _____

Emergency Contact Phone Number: _____

Emergency Contact Address: _____

OXFORD ANIMAL RESOURCE CENTER

413 McElroy Drive | Oxford, Mississippi 38655 | 662-832-1386