Extra Mile Dog Rescue

P.O. Box 5696 Charlottesville, VA 22905

Application for Volunteers

Date: _____

Name: _____ Email: _____

Address (include city and state): _____

Home Phone: _____Alternate Phone: _____

Emergency Contact Person:

Name: _____ Relationship: _____

Phone: _____ _____ _____

Home Work Cell

Please summarize your experience with animals: _____

_____

What do you hope to gain from your volunteer commitment to Extra Mile? _____

_____

Have you previously volunteered with Extra Mile? If yes, when? _____

_____

Please list any skills and/or experience that may be useful to Extra Mile: _____

_____

Volunteer Job Opportunities

Please check all opportunities that interest you

____ Dog Grooming
____ Foster Care Home Provider
____ Fundraising Support
____ Grant Writing
____ Marketing Assistant (newsletter production, graphic design)
____ Offsite Adoption Events
____ Pet Poster Distribution
____ Special Event Volunteer
____ Transportation