



•W•A•G•

**WILLAMETTE ANIMAL GUILD
SPAY / NEUTER PROJECT**

3045 Royal Ave Eugene, OR 97402 541.345.3566 www.wagwag.org

Volunteer Application

Name: _____ Date: _____

Address: _____

City: _____ County: _____ State: _____ Zip Code: _____

Home Phone: () _____ Work Phone: () _____ Cell Phone: () _____

Email: _____ Occupation: _____

Employer: _____ Will your employer match volunteer hours? _____

Are you over 16: _____ Yes _____ No _____ If under 16, date of birth: _____

Have you done volunteer work at another non-profit? _____ Yes _____ No _____

If yes, where and what did you do? _____

What type of work would you like to do with us? _____

Please list any hobbies or interests: _____

What skills, training, or knowledge do you wish to utilize for WAG? _____

Why do you want to volunteer with us? _____

Where did you hear about us? _____

How many hours per week can you commit to? _____

What days and hours can you be available for volunteer work? _____

Do you have any physical limitations? Please list. _____

In case of emergency, please contact:

Name: _____ Phone (W): () _____ Phone (H): () _____

Signature: _____