



A CHANCE FOR BLISS VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Address: _____

Day phone: _____ Evening Phone: _____

Email: _____ Occupation: _____

What is the best way to contact you? _____

Do you have a reliable method of transportation to and from the sanctuary? YES NO

Are you able to commit at least two hours per week for the next six months? YES NO

What is your availability to volunteer?

SUN MON TUES WED THUR FRI SAT Mornings Afternoons Evenings

Do you have any medical restrictions that would prevent you from performing any specific duties safely? YES NO

IF YES, PLEASE LIST:

Please describe any previous experience with animals (additional attachment may be included if desired):

Please describe any previous volunteer experience (additional attachment may be included if desired):

Why do you want to volunteer at A Chance for Bliss? (additional attachment may be included if desired):

Do you have any special skills you would like us to know about (foreign languages, art, computers, etc.?)

How did you hear about A Chance for Bliss?

Please provide two personal references, from people not in your family.

Name:

Name:

Relation:

Relation:

Length of time you have known this person:

Length of time you have known this person:

Phone:

Phone:

WE SINCERELY THANK YOU FOR YOUR INTEREST IN OUR VOLUNTEER PROGRAM
SOMEONE WILL CONTACT YOU SHORTLY TO DISCUSS YOUR APPLICATION WITH YOU