

1077 S. Garden Pl.
Boise, Idaho 83705
(208) 968-1338
snipit@snipidaho.org
www.snipidaho.org



VOLUNTEER APPLICATION

Date: _____

Name: _____ **Email:** _____

Address: _____ **City, State, Zip Code:** _____

Home Telephone: _____ **Cell #:** _____

Emergency Contact and Telephone #: _____

Employer's Name: _____ **Work Phone #:** _____

Past Volunteer Experience: _____

What are your pets' names, species, and are they spayed/neutered? _____

What do you like to do in your spare time?

How did you hear about SNIP?

Why would you like to volunteer for SNIP? _____

How much time would you like to volunteer? _____

Would you consider yourself an alpha dog (leader) or a doggone good follower?

T-shirt size (shirts run a size large): S M L XL

Circle all of the items for which you are interested in volunteering or learning more about. Must be at least 18 years of age for items [in blue](#).

Education

Grant Writing

Helping at Events

Facebook/Twitter

Clerical

Fundraising

Knitting/Crocheting

Graphic Design

[Transporting Feral Cats](#)

Capital Campaign

Board of Directors

Research

[Working in Clinic](#)

Answering Phones

Illustrator

Post on Craigslist

[Feral Cat Trapping](#)

Are there any other skills or tasks you would be interested in volunteering for that are not listed on the application? _____

I release Spay Neuter Idaho Pets, Inc. from any liability due to injury or illness I or my dependents may receive while volunteering for Spay Neuter Idaho Pets, Inc.

Print First Name: _____ Print Last Name: _____

Signature: _____ Date: _____

If applicant is under 18 years of age:

Parent's printed name: _____

Parent's Signature (if applicant under 18): _____

(Signature of parent required for volunteers under 18 years of age.) Date: _____

TO BE COMPLETED BY SNIP REPRESENTATIVE

Application accepted by (print first/last names): _____

Signature: _____ Date: _____

Interviewed by (print first/last names): _____

Signature: _____ Date: _____

Notes: _____

