



PO Box 462, Lewiston, NY 14092
Email:heartofniagara@hotmail.com Phone: (716) 345-7129
Website: heartofniagara.org

Volunteer Application

Full Name: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Home Phone: () _____ Are you over 18 yrs. old? _____

Please circle which applies to you: **Employed** **Not employed** **Retired** **Student**

Volunteer Information

Areas of interest:

Animal Care: Please indicate animal (s) you are interested in helping.

- Dogs Both Cat and Dog Ferrets
- Cats Rabbits Birds

Do you have any volunteer experience?

- No Yes if yes, what experience _____

Do you have any occupational experience which may be helpful to our organization?

- Veterinarian/Medical Accounting/Business/Computers
- Maintenance/Lawn Dog Training/Grooming

Would you be interested helping with fundraising?

- Event Planning Assist at Events Distributing Fliers
- Capital Fundraising Office Work Web Site
- Other _____

Other Information:

Do you own any pets? _____ Yes _____ No

If yes, What types of pets do you currently have? _____

Availability:

On average, how many hours can you commit each month? _____

Please indicate below your preferred days and times:

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Sunday: _____

Your email address: _____

The Directors of Heart of Niagara wish to "Thank-You!" for filling out this application and we will respond to you as quickly as possible. Have a Great Day!
