

## Friends of Attleboro Animal Shelter (FAAS)

Located on Pond St N  
 PO Box 592, Attleboro MA 02703  
 Phone: 774-203-1862 Fax: 508-276-0444  
 Email: Attleboropets@hotmail.com  
 Web: www.FAASpets.org



### VOLUNTEER APPLICATION

The Friends of Attleboro Animal Shelter (FAAS) is a 501(c)3 non-profit, all-volunteer organization, who donates our time and hearts to the Cats and Dogs in Attleboro and surrounding communities. We are committed to nurturing and promoting the animal-human bond and creating a community where our relationship with companion animals is guided by compassion. Our dedication and commitment is achieved through adoptions, community awareness, fostering and caring for companion animals until loving homes can be found. Our Vision is to reduce the number of unwanted animals through community Spay and Neuter programs, Low Cost Vaccination Programs and Micro-Chip events all while raising awareness and promoting responsible ownership. We are deeply committed to these goals while ensuring the financial security and stability of the organization for future generations. Each year, hundreds of abandoned companion cats and dogs looking for a second chance in life were successfully placed in loving homes through adoptions facilitated by FAAS. FAAS works hand-in-hand with the City of Attleboro Animal Shelter. Through their cooperation, we are able to help many more animals than city funds could provide

Contact Information							
Name				Are you over 18? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, Age?			
Street Address, City, State							
Home Phone				Cell Phone			
E-Mail Address							
Why do you want to volunteer? (If you need to volunteer for service hours, community service, etc. please specify)							
Have you ever volunteered with any organization before? (If yes, please specify which organization and in what capacity)							
Do you have any animal related experience? (If so please describe)							
Do you have any specific skills or training? (Does not have to be animal related)							
Have you ever received a Rabies Vaccination? <input type="checkbox"/> Yes <input type="checkbox"/> No				Do you currently have Health Insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Have you ever been charged or accused of any crimes in the past 7 years? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes please describe)							
What days and times are you available to volunteer at the Shelter? (Check all that apply)							
CAT CARE	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8am – 10am							
5pm – 7pm							
Adoption Hours	11am – 3pm			6pm - 8 pm			11 am – 3 pm

What days and times are you available to volunteer at the Shelter? (Write in availability)							
<b>DOG CARE</b>	<b>Sunday</b>			<b>Wednesday</b>		<b>Saturday</b>	
<b>Hours Available</b>							
<b>Adoption Hours</b>	11am – 3pm			6pm – 8pm		11am – 3pm	
AREAS OF VOLUNTEER INTEREST (Circle all of interest)							
<b>Cat Care</b>	Intake Evaluations	Socializing	Fostering	Adoption Screening References	Adoption Follow Up Calls	Feeding Cleaning	Vet Appts Drop Off Pick Up
<b>Dog Care</b>	Intake Evaluations	Socializing Training	Fostering	Adoption Screening References	Adoption Follow Up Calls	Walking Exercising	Vet Appts Drop Off Pick Up
<b>Shelter/Office</b>	Laundry	Return Calls	Filing Records Copies	Create Adoption Packets	Organizing Supplies		
<b>FAAS/Office</b>	Petfinder Updates	FAAS Website	Graphics Design	Literature Design	Grant Writing	Volunteer Coordination	
<b>Special Events</b>	Solicit Event Donations	Planning Coordination	Fundraising	Staff Petco Adopt Events	Event Planning		
References: Please provide names and contact info for two references, not related to or living with you.							
<b>Name of Reference</b>		<b>Address of Reference</b>			<b>Phone Number</b>		<b>Relationship to you</b>
PERSON TO NOTIFY IN AN EMERGENCY							
Name							
Street Address, City, State							
Home Phone							
Cell Phone							
E-Mail Address							
AGREEMENT AND SIGNATURE							
By submitting this application, I affirm that the facts set stated are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. I also give FAAS permission to conduct references and validate any information provided.							
<b>Signature:</b>						<b>Date:</b>	
<b>Parent or Legal Guardian Signature (if under 18):</b>							
<b>Witness:</b>						<b>Date:</b>	
FAAS USE ONLY							
<b>Date Application Received:</b>				<b>Received By:</b>			
<b>Date City Waiver Signed:</b>				<b>Date FAAS Waiver Signed:</b>			
<b>Date Handbook Given:</b>				<b>Date Handbook Acknowledgement Signed:</b>			
<b>Training Date:</b>				<b>Trained By:</b>			
<b>Training Date:</b>				<b>Trained By:</b>			
<b>Training Date:</b>				<b>Trained By:</b>			