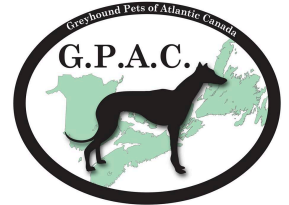


Greyhound Pets of Atlantic Canada

Volunteer Application Form



Name: _____

Address: _____

Phone #: _____ Age: over 16 _____

under 16 _____

e-mail: _____

When are you available? weekday morning _____ afternoon _____ evening _____

weekends _____

How often are you able to commit? once or twice a month _____

once a week _____

What are you interested in? (check all that apply)

kennel _____ fundraising _____

transport _____ meet & greet _____

Previous experience volunteering? _____

Any experience with dogs? _____

Any special skills? _____

Signature _____ Date _____