



Monroe County Friends of Animals

www.FriendsofAnimalsMC.org

Be a Hero ... Save a Life ... Volunteer!

Volunteer Application

Please PRINT Clearly

Name _____ <Must be 18+> Age? _____ (mm/yy)

Address _____ City _____ State _____ Zip _____

Email _____ Do you Text? Y N

Phones: () Cell _____ () Home/Work _____ (Check Primary)

Emergency Contact _____ Phone # _____

Check Areas of Interest: Number & Type of Pets at Home _____

Shelter Activities		Fostering: Dogs / Cats	
Dog Walking		Adoption Events	
Grooming		Animal Transport (Local and/or long distance)	
Cat Socialization		Animal Rescue (programs, clerical assist)	
Shelter Housekeeping (laundry/cleaning)		Fund Raising Events (planning, implementation)	
Yard Maintenance (mowing/landscaping)		MCFA Thrift Store (retail and warehouse)	
Facility Maintenance		Road Blocks (three a year in surrounding cities)	
Admin/Clerical (front desk or phone assist)		Public Relations (media releases, news stories)	
Photography (Shelter adoptions/events)		Website expertise	
Social Media Updates		Off-site activities (Computer skills, data input)	

Date(s) of Availability for Orientation _____

Please indicate the day(s) of the week you can volunteer & indicate either AM or PM _____

I hereby agree to serve and commit to the following:

- Meet shift and duty commitments or provide adequate notice so that alternative arrangements can be made.
- Adhere to MCFA's rules and procedures, including confidentiality of MCFA information.
- Perform volunteer duties to the best of my ability.
- Volunteer at least eight hours per month.

I understand that if I have any concerns and/or complaints, I will bring the matter to the attention of the Volunteer Coordinator and/or the Shelter Director. If not satisfied, I am encouraged to contact any MCFA Officer or Board member.

Volunteer Signature _____ Date _____

*** Return this form to the shelter front desk or mail to MCFA, P.O. Box 106, Vonore, TN 37885 ***

*** Or Email with Application to: MCFA37885@gmail.com ***

You will be contacted in a few days.

 ***Section below to be completed by Volunteer Coordinator or Thrift Store Manager after orientation training. ***

- () New Volunteer has completed initial training
- () Volunteer has read and indicated comprehension of MCFA guidelines/expectations
- () The indemnity agreement / waiver has been signed and is attached

Orientation Date (dd/mm/yy) _____ Agreed upon time & dates for volunteering _____

Trainer's Signature & Date _____

Comments: _____