



PERPETUAL CARE

Volunteer Application

Name _____ Nickname: _____

Home Phone # _____ Cell Phone # _____

Mailing Address : _____

Email Address: _____

Are you over 18 Yrs Old? ____ Yes ____ No Are you **Under** or **Over** 50 yrs old? (Circle One)

How did you hear about us? _____

Can you use Facebook? _____ Other Social Media? _____

What skills do you have that may be helpful?

Previous applicable experience with handling animals

Allergies/Health Conditions or Other Limitations that may require accommodation:



Volunteer Opportunities Please Check all Areas of Interest

- | | |
|--|---|
| <input type="checkbox"/> Clerical Support | <input type="checkbox"/> Foster <input type="checkbox"/> Cats <input type="checkbox"/> Dogs <input type="checkbox"/> Horses |
| <input type="checkbox"/> Phone/Hotline Support | <input type="checkbox"/> Adoptions |
| <input type="checkbox"/> Facility or Grounds Maintenance | <input type="checkbox"/> Transporting pets for visits |
| <input type="checkbox"/> Nursing Facility Visitation | <input type="checkbox"/> Dog Trainer |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Website Support | <input type="checkbox"/> Publications |
| <input type="checkbox"/> Public Education Events | <input type="checkbox"/> Grooming Residents |
| <input type="checkbox"/> Pet Photography | <input type="checkbox"/> Snuggle, Cuddle and Play with Residents |
| <input type="checkbox"/> Research/Data Analysis | <input type="checkbox"/> Pet Bereavement Counseling |

Do you have pets at home? How many and what kind? (Only required for Foster care)

Thank you for your interest in volunteering with Perpetual Care! Once your application is processed, we will be in touch with you about any additional paperwork, orientation or training, depending upon the area in which you wish to serve. Volunteers under the age of 16 must be accompanied at all times by a volunteer over the age of 18, and waivers must be signed by an adult.

Signature: _____ Date: _____

Please return the application to us via email at info@perpetualcare.org or mail it to: Perpetual Care, PO Box 773548, Ocala, FL 34477.