



Hospets
PO Box 1063, Marysville, Ohio 43040
614-266-3267

HOSPETS Volunteer Form

Information

Name: _____

Street Address: _____

Zip Code: _____

Home Phone/Cell: _____

Preferred mode and time for HOSPETS to contact you? _____

Emergency Contact

Name: _____

Home Phone/Cell: _____

Explain how you wish to help Hospets:

List any areas of experience that you can offer:

Skills: _____

Hobbies: _____

Expertise: _____

Licensing or Training: _____

Is there a particular way you'd like to be involved?

General service Volunteering, such as:

Grooming__

Doing Laundry__

Delivering & Gathering Pet Food or Supplies__

Keying-in Pet Pre-registration Forms or secretarial needs__

Transporting Pets to Vets__

Transporting Pets to Groomer__

Helping develop a press kit

Adoption

- Foster**
- Re-Homing Assistance**
- Legal Counsel**
- Accounting/Book Keeping**
- Vet Services, such as:**
 - Neutering or Spaying__
 - Administering Meds__
- Assisting with Grant Writing & Securement**
- Events:**
- Fundraising**

Have you ever been convicted of a felony, or have charges files against you? Y/N/explain

Do you authorize Hospets to pull a background check if needed?

Thank you so much for being interested in volunteering for Hospets. We appreciate your application and will get back to you as soon as possible. Our best!

-HOSPETS

SUBMIT YOUR FORM BY MAIL: to the address listed above for Hospets.

– or –

BY EMAIL: send to lisa@hospets.org