

Date Received:

Mail to: PO Box 863 Beaverton Oregon 97075-0863  
 FAX to: 503-296-4957

How can we reach you?		
Name	Home Phone	Work Phone (if we may contact you there)
Street Address (include Apt #)	Cell Phone	Home Email
	Age (put "adult" if 18 or over)	Work Email (if we may contact you there)
City, State Zip Code	Employer	

Are you volunteering for a specific event?		
<input type="checkbox"/> No <input type="checkbox"/> Yes Name: _____ Where did you learn about this event? _____	What days/shifts will you be available? _____	What past experience have you had at this type of activity? _____

What type of Special Project Activities would interest you in the future?		
Please check any that apply:		
<input type="checkbox"/> Support staff for animal competitions (agility, flyball, obedience, field trials, etc.) <input type="checkbox"/> Directing parking	<input type="checkbox"/> Game booth at the BrewFest <input type="checkbox"/> Bussing at a food event	<input type="checkbox"/> Set-up / clean-up activities <input type="checkbox"/> Other: _____

Do you have particular skills or resources that you are will to use as part of the Special Projects Team?		
Please check all that apply:		
<input type="checkbox"/> Digital camera and photography experience <input type="checkbox"/> Truck or utility vehicle	<input type="checkbox"/> Public Speaking experience <input type="checkbox"/> Supervisory experience	<input type="checkbox"/> Animal training experience <input type="checkbox"/> Other: _____

I will not hold Animal Aid, Inc. liable for any injury or illness that may result from my volunteer activities. Initials / Date \_\_\_\_\_

I understand the goals and mission of Animal Aid, Inc. As an Animal Aid volunteer, I agree to work toward these goals and to represent this mission in my contact with the community on behalf of the organization. Initials / Date \_\_\_\_\_

Optional: I authorize the use of my photograph in Animal Aid promotional materials Initials / Date \_\_\_\_\_

Optional: I authorize Animal Aid to print and distribute my contact information to other volunteers. Initials / Date \_\_\_\_\_

I attest that the above information is accurate and give Animal Aid, Inc. permission to verify any of the above.

Signed \_\_\_\_\_ Age of applicant, if under 18: \_\_\_\_\_ Date \_\_\_\_\_

**If under 18, parent or guardian signature of approval is required:**

Signed \_\_\_\_\_ Printed Name: \_\_\_\_\_ Date \_\_\_\_\_

**What Are "Special Projects"?** Frequently opportunities arise for Animal Aid to earn significant amounts of money by providing intelligent, reliable temporary staff for *other* people's events. In most cases, there is little to no training required, and volunteers get free admittance to the event once their shift is over.



**Animal Aid**  
**Special Projects Team**

**Why is this good for Animal Aid?** Zero overhead! All money earned goes *directly* into our programs, and all volunteer hours have an immediate, concrete payoff.