

Date: \_\_\_\_\_

**PLEASE PRINT CAREFULLY! WE WILL CONTACT YOU VIA E-MAIL!**

Name of volunteer: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Home or work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Married  Single Spouse's occupation: \_\_\_\_\_

Emergency contact: \_\_\_\_\_

Are you currently a Mobile SPCA member?  Yes  No

Are you on our mailing list?  Yes  No

Are you on our e-mail list?  Yes  No

Would you like to be added?  Mailing list  E-mail list

Have you adopted a pet from us?  Yes  No

Do you have dogs?  Yes  No How many? \_\_\_\_\_

Do you have cats?  Yes  No How many? \_\_\_\_\_

Are they spayed or neutered?  Yes  No

Other pets? \_\_\_\_\_

Previous volunteer experience: \_\_\_\_\_

Interest and hobbies: \_\_\_\_\_

How did you hear about our organization? \_\_\_\_\_

What are your special skills? \_\_\_\_\_

How would you like to help? \_\_\_\_\_

Can you work in the MSPCA office during the week?  Yes  No  
on Saturday?  Yes  No

Can you clean cats at PetSmart on a week day?  Yes  No  
week day evening?  Yes  No  
on Saturday or Sunday?  Yes  No

*Minimum age to volunteer is 14. Volunteers between 14 to 18 must be accompanied by a supervising adult while volunteering.*

**Supervising adult please complete below:**

Name: \_\_\_\_\_

Date of birth \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell phone: \_\_\_\_\_

Work phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

**VOLUNTEER OPPORTUNITIES**

Please **CHECK** all that interest you. We are always looking for people who can and will head a committee or take on a project on their own. If you can and are willing, please indicate that in the "Other" section. We'd love to meet you and make sure that your goals and beliefs are the same as the rest of the organization.

- Adoption Clinics
- Corporate/Business Solicitations
- Fund Raising
- Kennel Help
- Nursing Homes
- PetSmart Cat Cleaner
- Resale Shop
- Rummage Pickup
- Other \_\_\_\_\_
- Baking/Cooking
- Foster Home
- Grounds/Maintenance
- Spay/Neuter
- Weekly Office Work
- Raffle / Door Prizes
- Rummage Sale
- Saturday Office Work

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- General Contribution ..... \$ \_\_\_\_\_
  - Spay/Neuter ..... \$ \_\_\_\_\_
  - Rescue ..... \$ \_\_\_\_\_
  - Memorial or Honorarium ..... \$ \_\_\_\_\_
  - Other ..... \$ \_\_\_\_\_
- TOTAL \$ \_\_\_\_\_

Check enclosed or  
Bill my  Visa  Mastercard  Amex  Discover  
Name as it appears on the card  
\_\_\_\_\_

Credit Card Number  
\_\_\_\_\_  
Exp \_\_\_\_\_ CVV \_\_\_\_\_

Send me information on becoming a Guardian Angel

Please complete and return form to the

**Mobile SPCA**  
**620 Zeigler Circle West • Mobile, AL 36608**  
**spca@MobileSPCA.org**