

EASTERN PENNSYLVANIA ANIMAL ALLIANCE

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VOLUNTEER QUESTIONNAIRE AND AGREEMENT

Eastern Pennsylvania Animal Alliance , established in 2008, is dedicated to bringing together existing forces and talents under one umbrella, to inform, educate, and promote low cost spay and neutering, as a way to reduce the unwanted pet population.

NAME: _____ DATE: _____

ADDRESS: _____

ZIP _____

HOME PHONE: (_____) _____ WORK PHONE: (_____) _____

CELL PHONE: (_____) _____

FAX #: (_____) _____ E-MAIL ADDRESS: _____

EMPLOYER: _____ OCCUPATION: _____

REFERENCES: (Please list 3 **NOT RELATED TO YOU**) Name, Phone, Relationship

DO YOU PRESENTLY OWN A DOG(S) & CAT(S) OR OTHER ANIMALS? YES NO

DO YOU HAVE EXPERIENCE OR TRAINING IN ANY OF THE FOLLOWING AREAS?

DOG BREEDING? YES NO

KENNEL ASSISTANT? YES NO

DOG TRAINING? YES NO

PET STORE SALES? YES NO

DOG GROOMING? YES NO

ANIMAL RESCUE? YES NO

VET ASSISTANT? YES NO

FUNDRAISER? YES NO

GRANT WRITER? YES NO

LEGAL WORK? YES NO

SALES/MARKETING YES NO

OTHER (describe) _____

ANIMAL CLUB MEMBERSHIPS: _____
NAME AND PHONE # OF CLUB: _____
POSITION HELD OTHER THAN GENERAL MEMBER: _____

HAVE YOU EVER BEEN INVESTIGATED FOR OR CHARGED WITH ANY CRIME(S) INCLUDING CRIMES RELATED TO MISTREATMENT OF OR CRUELTY TO ANIMALS? YES NO

APPROXIMATELY HOW MANY HOURS PER WEEK TOTAL DO YOU HAVE AVAILABLE FOR VOLUNTEER ACTIVITIES? _____ HOURS PER WEEK

WHAT TYPE OF SERVICES HAVE YOU PERFORMED IN THE PAST, OR ARE PERFORMING NOW, FOR OTHER VOLUNTEER ORGANIZATIONS?

PLEASE STATE YOUR IDEAS AND THOUGHTS FOR FUND RAISING OR DONATION AREAS: _____

PLEASE EXPLAIN / DESCRIBE ANY OTHER INFORMATION WHICH YOU FEEL IS RELEVANT OR IMPORTANT ABOUT YOURSELF:

HOW DID YOU HEAR OF EASTERN PENNSYLVANIA ANIMAL ALLIANCE?

BRIEFLY DESCRIBE WHY YOU ARE INTERESTED IN VOLUNTEERING FOR A GROUP DEDICATED TO PROMOTING SPAY/NEUTERING:

I, _____, hereby agree to abide by all the terms and conditions in this questionnaire during the time I am volunteering as a representative for EASTERN PENNSYLVANIA ANIMAL ALLIANCE.

1. I will remember in all my dealings with the public that I represent EASTERN PENNSYLVANIA ANIMAL ALLIANCE as an organization.
- 2.. I understand all of the above and accept full responsibility for any and all expenses incurred by me during my tenure as a representative for EASTERN PENNSYLVANIA ANIMAL ALLIANCE.
3. I agree to respond by phone or email to any person/fellow volunteer who contacts me regarding EPAA.
4. I further agree to keep records for EASTERN PENNSYLVANIA ANIMAL ALLIANCE of any paperwork , monies collected and expenses incurred for any project or fundraiser in which I participate.
5. I further agree that the EASTERN PENNSYLVANIA ANIMAL ALLIANCE Directors may request to view these records at any time. In the event I resign, voluntarily or by request of EASTERN PENNSYLVANIA ANIMAL ALLIANCE, I hereby agree to turn any records/items in my possession to EASTERN PENNSYLVANIA ANIMAL ALLIANCE within ten days of resignation or request date.

I have accurately completed this questionnaire and agreement, have read all terms and Conditions.

Applicant's Signature

Date