



Forgotten Friends of Long Island, Inc.

Animal Rescue and Rehabilitation

www.ForgottenFriendsofLongIsland.org

VOLUNTEER APPLICATION

Your Name: _____

Address: _____

Home Phone: _____ Good Time to Call _____

Cell Phone: _____ Good Time to Call _____

Email Address: _____ Drivers License Number: _____

Are you over 19 Years Old? _____ If not a parent or guardian will be required to assist you.

Why do you want to volunteer? _____

Are you able to commit to 2-3 hours each week? _____

What experience do you have with animals? _____

Personal References:

1st Name: _____

Address: _____

Phone: _____ Relationship: _____

2nd Name: _____

Address: _____

Phone: _____ Relationship: _____

Phone: _____

By signing below I certify that the above information is true and accurate to the best of my knowledge, and I understand that completion of this form in no way guarantees my ability to volunteer and that Forgotten Friends has the right to deny any application at their discretion. I further give permission to Forgotten Friends to call the reference I have provided and to inquire and confirm any information provided by me on this application in determining my ability to volunteer from Forgotten Friends. I understand that this application is the property of Forgotten Friends.

Signature: _____ Date: _____