

VOLUNTEER INFORMATION FORM

To learn more about volunteering with Love Golden Rescue, please complete the form below and submit it electronically. You will be contacted and asked to attend an event at which time we will process your application.

Volunteers are expected to participate in at least two (2) Love a Golden activities per year to be considered active

Date:	
Full Name:	
Street Address:	
City:	State: Zip:
Home Phone:	Day Phone:
Cell Phone:	Best time to call:
E-Mail Address:	
Do you own a dog: yes No	J
If yes, list breeds and their ages:	
List any other pets:	

Do you have a fend Indicate all volunte		0 0	vrost:	
Fostering Dogs	yes no	Dog Treat Baking	ves _ no _	
Short Term Fostering (while foster home on vacation)	yes O no O	Gift Basket Making	yes O no O	
Home Visits	yes o no o	Local Dog Transport	yes O O	
Meet and Greets	yes O no O	Long Distance Dog Transport	yes o no	
Phone Retrieval Schedule	yes o no o			
Previous experienc	e with dogs:			
Do you have any sរុ	pecial skills th	at you think may	help Love A Go	olden?:
Are there other me Who?	mbers in you	household who ma	ay be interested	d in volunteering?
NOTE: IF YOU ARE BRING YOUR PERS Thanks so much fo	SONAL PETS	TO THAT EVENT.	PTION EVENT,	PLEASE DO NOT
Mail this form to:	RDINATOR			

Our Volunteer Coordinator will contact you within a few days of receiving this form

LOVE A GOLDEN RESCUE

St. Louis MO 63146-0621

P.O. Box 27621