OFFICE USE ONLY: ___NAMETAG ___SPREADSHEET ___EMAIL ___ORIENTATION



Miranda's Rescue

A NO-KILL SANCTUARY FOR LARGE AND SMALL ANIMALS

1603 Sandy Prairie Road Fortuna, CA 95540 (707) 725-4449 mirandasrescue.org

VOLUNTEER APPLICATION

Volunteers are a very important part of Miranda's Rescue. We appreciate your interest in helping the animals at this shelter. Please complete this form to help us get to know you and to best match your interests and abilities with our available positions.

| Name: _ | | |
|------------------------------|--|--|
| Address: _ | | |
| City/State/Zip: _ | | |
| Phone (cell): | | |
| Phone (home): | | |
| Email: | · · · · · · · · · · · · · · · · · · · | |
| Place of Employment | Position: | |
| EMERGENCY CONT | ACT | |
| Name: | A01 | |
| Phone: | | |
| rnone | | |
| SKILLS, TRAINING A | AND EXPERIENCE | |
| Do you have any specus? | cial skills, training or experience that may a | apply to your volunteer work with |
| Do you have any phys | sical limitations that we need to accommod | date? If so, please describe: |
| | IS (check all that apply) | |
| ⊔ Dog vvalking □ Cat Care | ☐ Kennel and/or Cage Cleaning☐ Maintenance/Construction | ☐ Grooming☐ Fundraising |
| ☐ Office/Clerical Other: | | ☐ Special Events |



| DAYS/HOURS AVAILABLE We are open W-T-F 10am-2pm, Sat 10am-4pm and Sun noon to 4pm. Volunteers wishing towork on Monday or Tuesday must receive special approval from the director. | | | | | | | | |
|--|---|---|---|--|---|---|--|--|
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| | | FIONS AND E alunteer at Mira | | | | | | |
| Miranda's backgroun precaution become in type of acc an animal animals, a | ds; some hat to ensure youred during ident. We aunless you and be aware | n organization live been abuse our safety on c the course of | ed, neglected bur premises your volunted ers to use consure that it is undings at all | d, or abandon, there is a cher work, eithe ommon sense friendly, do not times. | ed. While we ance that you r by an anima around anima | take every may at some time I or through anotherals-do not approach | | |
| | , | _ | _ | | aaraa ta balal l | Miranda'a Daggua | | |
| | | es I receive on anda's Rescue | Miranda's R | escue proper | ty or through t | Miranda's Rescue the course of my | | |
| Signed: | : Date: | | | | | | | |
| IF UNDER | AGE 18 | Age: | | * | | | | |
| | | 16 must be a upervised by | | | | make | | |
| Parent/Gu | ardian's Prin | ited Name: | | | | | | |
| Parent/Gu | ardian's Sigı | nature: | ature:Date: | | | | | |

QUESTIONS? CONTACT info@mirandasrescue.org or call 707-725-4449