

Volunteer Application

Thank you for your interest in volunteering at PARL!

Please complete the fields below. Completed applications along with the \$10 non-refundable application fee* should be mailed or dropped off to: PARL 34 Elbow Street, Providence RI 02903 ATTN: Carrie-Ann Aubee, Volunteer Coordinator.

Volunteers must:

- Be at least 16 years of age, and 18 years of age to volunteer with the dogs.
- Be self-motivated, mature, dependable, compassionate, and capable of completing complicated tasks, independently. Individuals who cannot volunteer independently must always volunteer in the company of another adult capable of assisting them, who has attended orientation and completed required training.
- Be able to squat, bend, twist, lift or stand for long periods.
- Be able to commit to one consistent shift per week for a minimum of 3 months
- Court Ordered Community Service requires a separate application which can be found on the Volunteer Website. Please do not submit this application for Court Ordered Community Service.

*The one-time non-refundable \$10 application fee does not guarantee placement into our volunteer program. It helps us to offset the cost of managing the program and contributes to our ability to do the work we do!

Name:	Date of Birth:					
Address:	City/State/Zi	p: _				
Home Phone:	Cell Phone:					
E-mail:			(valid email address required to volunteer)			
Do we have permission to add	d you to our mailing list: Yes	No_	(personal information is never shared)			
Please list any prior volunt	eer experience:					
Please list any prior experi	ence working with animals	:				
	OFFICE USE ONLY					
Date Received:	Application Fee Received:		Date Contacted:			

Education: (please circle last year comple	eted)
High School Name & State:	1 2 3 4
College Name & State:	1 2 3 4 Degree?
Occupation:	Employer:
Do you require hours for school? # of h (PARL is unable to provide mentors in an or after completing orientation and training. A	ngoing basis. Students must be able to work independently
(PARL is unable to provide assistance in an	d affect your ability to volunteer independently? ongoing basis. Volunteers must be able to work independently, ich as family member or professional support staff)
Emergency Contact Name/Telephone:_	
What skills and qualities would you	bring to PARL's Volunteer Program?
What do you hope to gain from you	r experience while volunteering with PARL?
1. Select Area (please number in or	rder of preference for multiple areas):
Morning Cat Care (shifts availantMorning Small Animal Care (Front Desk Assistant (TuesdaLight Yard Work / GardeningShelter Assistant (shifts availaEvents and Outreach (varies	, ,
Customer Care & Adoptions	on need and project) (Tuesday through Saturday, during open hours) ecial Projects (varies based on need)
Customer Care & Adoptions (Facility Maintenance and Spe	(Tuesday through Saturday, during open hours)

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							