

**THE OASIS ANIMAL SANCTUARY, INC.**  
**P.O. BOX 3 • WILLIAMSTOWN, N.J. 08094 • 856-262-1222**

## **VOLUNTEER APPLICATION**

The Oasis Animal Sanctuary, Inc. (TOAS), is always interested in having committed volunteers join our team. We have a variety of opportunities/activities in which our volunteer staff may participate. Please fill out our form, front & back, and return to the above address. *Thanks for your interest!*

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE AND ZIP CODE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ BIRTHDAY: \_\_\_\_\_

PHONE: HOME: \_\_\_\_\_ WORK: \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS: \_\_\_\_\_

CURRENT EMPLOYER AND POSITION: \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER AT TOAS? \_\_\_\_\_

HAVE YOU VOLUNTEERED WITH OTHER ORGANIZATIONS? Yes: \_\_\_\_ No: \_\_\_\_

IF YES, WHERE? \_\_\_\_\_

WHAT WERE YOUR DUTIES THERE? \_\_\_\_\_

DO YOU HAVE ANY SPECIAL TALENTS YOU WOULD LIKE TO SHARE?

WHEN ARE YOU ABLE TO WORK? DAYTIME: \_\_\_\_ EVENING: \_\_\_\_

S \_\_\_\_ M \_\_\_\_ T \_\_\_\_ W \_\_\_\_ TH \_\_\_\_ F \_\_\_\_ S \_\_\_\_ TIME: \_\_\_\_\_

ARE YOU CURRENT ON YOUR TETANUS SHOT? Yes: \_\_\_\_ No: \_\_\_\_ DATE OF LAST SHOT: \_\_\_\_\_

DO YOU HAVE ANY ALLERGIES? Yes: \_\_\_\_ No: \_\_\_\_ TO WHAT?:

IF YES, ARE YOU TAKING ANY MEDICATIONS? Yes: \_\_\_\_ No: \_\_\_\_ WHAT MEDS?:

PLEASE LIST THREE REFERENCES (that are not family members)

1. \_\_\_\_\_ phone: \_\_\_\_\_

2. \_\_\_\_\_ phone: \_\_\_\_\_

3. \_\_\_\_\_ phone: \_\_\_\_\_

WHAT DO YOU LIKE TO DO IN YOUR SPARE TIME?

SOME OF THE JOBS LISTED BELOW ARE ONGOING AND SOME ARE PERIODICAL. PLEASE LIST YOUR AREAS OF INTEREST!

\_\_\_ RECEPTION (greeting public, answering phones, receiving/releasing animals)

\_\_\_ SHOPPING FOR SUPPLIES

\_\_\_ FOOD PREPARATION

\_\_\_ SCHEDULING VOLUNTEERS

\_\_\_ CLEANING (cages, runs, yards, stalls, offices, bathrooms, kitchen and everything else!)

\_\_\_ GENERAL MAINTENANCE/CONSTRUCTION

\_\_\_ LANDSCAPE AND GARDENING

\_\_\_ OFFICE WORK/COMPUTER WORK/PAPERWORK

\_\_\_ PUBLIC RELATIONS

\_\_\_ TRANSPORTERS

\_\_\_ SPECIAL PROJECTS (mailings, handing out flyers, fundraising events, etc.)

PLEASE INDICATE YOUR ANIMAL(S) OF PREFERENCE

DOGS\_\_\_ CATS\_\_\_ HORSES\_\_\_ BIRDS\_\_\_ REPTILES\_\_\_ EXOTICS\_\_\_ RABBITS\_\_\_ OTHER \_\_\_\_\_

***I UNDERSTAND THAT IF I AM ACCEPTED AS A TOAS VOLUNTEER, I WILL ABIDE BY THE HIGH STANDARDS OF ANIMAL CARE THAT TOAS PRACTICES.***

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

VOLUNTEERS MUST BE 14 YEARS OF AGE OR OLDER. IF UNDER THE AGE OF 18, A PARENT OR GUARDIAN MUST ALSO SIGN THIS FORM.

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

VOLUNTEER ACCEPTED: YES: \_\_\_ NO: \_\_\_ If no, why? \_\_\_\_\_

TOAS STAFF MEMBER: \_\_\_\_\_ DATE: \_\_\_\_\_