



**Homeward Bound  
PET RESCUE, INC**

Homeward Bound Pet Rescue Inc.  
PO Box 792, Ellijay 30540

## Volunteer Application and Information Form

\* = Required

\* Name: \_\_\_\_\_

\* Street Address: \_\_\_\_\_

\* City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip: \_\_\_\_\_

\* Home Phone: \_\_\_\_\_ \* Cell Phone: \_\_\_\_\_

\* Email Address: \_\_\_\_\_

### Areas of Interest:

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Finance            | <input type="checkbox"/> Marketing          | <input type="checkbox"/> Fundraising     |
| <input type="checkbox"/> Kennel Work        | <input type="checkbox"/> Medical            | <input type="checkbox"/> Foster Home     |
| <input type="checkbox"/> Grant Applications | <input type="checkbox"/> Dog Training       | <input type="checkbox"/> Adoption Events |
| <input type="checkbox"/> Phone Work         | <input type="checkbox"/> Handyman/Lawn Care | <input type="checkbox"/> Thrift Store    |

Other (please explain): \_\_\_\_\_

Do you have any medical conditions that would limit your ability to volunteer?  Yes  No

If Yes, please explain: \_\_\_\_\_

Preferred Method Of Communication:  Email  Cell Phone

How did you find out about Homeward Bound? \_\_\_\_\_

Signed: \_\_\_\_\_ Date: \_\_\_\_\_