



GENERAL VOLUNTEER APPLICATION

Name:

Address:

Phone Number:

Are you employed? What is the nature of your employment?

Do you have any pets? If so, tell us about them!

Why are you interested in working with SAAV?

We are happy to take volunteers for any amount of time. So that we can best meet your needs, please let us know how much time would you like to donate?

When are you available to volunteer?

What types of volunteer work are you interested in performing?

Do you have any special talents that you would like to use to help SAAV in its mission? Creativity? Communication skills? Fundraising skills?

How did you hear about us?

Please return this application to us by email to info@saavprogram.org
or by mail to SAAV Program, Inc.
PO Box 5152, Madison, WI 53705

