



## PROTECTOR'S OF ANIMALS, INC., VOLUNTEER APPLICATION

**Cat Adoption Center & Mailing Address:** 144 Main St. Unit O, East Hartford, CT 06118

**Phone:** (860) 569-0722 • **Fax** (860) 895-9110 • **Email:** [poaplacement@gmail.com](mailto:poaplacement@gmail.com) • **Website:** [www.poainc.org](http://www.poainc.org)

Please mail or fax the completed application to us. Thank you for your interest in volunteering for POA. Allow us up to 1 week to review your application. If you have any further questions please call or email us.

\*\*\* All volunteers must be at least 18 years old and have active health insurance.

\*\*\* Please be advised that a background check may be conducted before approving this application.

Name of Applicant :		Date of Application:
Street Address:		City, State, Zip:
E-Mail Address:		
Home Phone:	Work Phone:	Cell Phone:
Occupation:		Employer
Are you at least 18 years old?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Have you ever adopted a cat or dog from POA? Yes <input type="checkbox"/> No <input type="checkbox"/>
Do you have <i>current health insurance</i> ?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Highest Education Level :
Have you been convicted of a crime in past 7 years? If yes, please explain:		
Listed below are some areas where volunteers are needed. Please check areas for which you are applying for:		
<input type="checkbox"/> CATS: Adoption Team (East Hartford)	<input type="checkbox"/> DOGS: Kennel Support/Walking (Wethersfield)	<input type="checkbox"/> Phone Work
<input type="checkbox"/> CATS: Medical Team (East Hartford)	<input type="checkbox"/> DOGS: Kennel Support/Walking (East Hampton)	<input type="checkbox"/> Data Entry (East Hartford)
<input type="checkbox"/> CATS: Socialization Team (East Hartford)	<input type="checkbox"/> Newsletter / Grant writing	<input type="checkbox"/> Rescue/Trapping
<input type="checkbox"/> CATS: Clean & Feed Team (East Hartford)	<input type="checkbox"/> Fundraising/Special Events	<input type="checkbox"/> Photography/Video
<input type="checkbox"/> CATS /Kittens: Foster Care	<input type="checkbox"/> Education & Public Speaking	Other :
How many hours per week are you willing to contribute?:	Are you able to commit to at least 6 months of volunteering after starting? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are you volunteering to meet mandatory community service requirements? Yes <input type="checkbox"/> No <input type="checkbox"/>		
When are you available? (Please list days of the week and times) :		
Do you have any physical, medical, or psychological limitations or disabilities that might keep you from participating in any area of the volunteer program (e.g., heart condition, back injury, etc.)?:		
EMERGENCY Contact (Name, phone number(s) & relationship):		
Please list two (2) personal or business references:		
<b>Name</b>	<b>Phone</b>	<b>Relationship</b>
List any organizations and animal rights groups you have belonged to in the last 5 years:		
Have you ever done any volunteer work? If YES, please tell us where, when and describe duties:		
Why do you want to volunteer for POA?		