VOLUNTEER APPLICATION for ANIMAL SHELTER INC OF STERLING MA

Please return to:

MAIL: Animal Shelter Inc. - 17 Laurelwood Road - Sterling, MA 01564

FAX: 978 422 8574

Email STAFF@STERLINGSHELTER.ORG

Call the shelter at 978-422-8585





Your Name:	D.O.B	
	Hours worked daily:	
Address:		
	Phone#:	
	·	
	we can add you to our FACEBOOK NETWORK (a pr	
and volunteers)		
Your Ava	allability (we ask for a commitment of AT LEAST 8 I	HOURS a MONTH)
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	
Please list any skills/se	ervices you might have that the shelter could benef	it from your experience:
Are there any tasks that	at you are not willing or able to do as a volunteer? If	f so, please list:
Do you have any previous	ous experience with animals? If so, please list	
Do you have pets at ho spayed female 3 years	me? If so please list the pets you have and the spe	cies/breed/age (i.e. 1 Chihuahua mix
Ara you unaamfartabla	around portain types of animals? If so, which ones	2
_	around certain types of animals? If so, which ones er independently, or do you require another person	
	nvicted of a crime against animals? YES or NO	to be with your ALONE of NEED HELP
How did you hear about	t our shelter?	

WOULD YOU CONSIDER BECOMING A FOSTER PARENT FOR ANY SHELTER PETS IN NEED OF EXTRA TLC? We are always in need of fosters for our pets. Learn about fostering https://www.sterlingshelter.org/animal-shelter/how-you-can-help -