



Kindred Souls Foundation Volunteer Application*

* Must be 18+ years old to volunteer

Contact Information

Name		
Street Address		
City ST ZIP Code		
Home Phone		
Cell Phone		
E-Mail Address		
Are you on:		
Facebook	Y N	Site address: _____
Twitter	Y N	Site address: _____

Availability

During which hours are you available for volunteer assignments?

- | | |
|------------------------|------------------------|
| ___ Weekday mornings | ___ Weekend mornings |
| ___ Weekday afternoons | ___ Weekend afternoons |
| ___ Weekday evenings | ___ Weekend evenings |

Interests

<input type="checkbox"/> Administering Meds	<input type="checkbox"/> Home Visits
<input type="checkbox"/> Case Management	<input type="checkbox"/> Unleashed at Stadium Bowl (Annual Fundraiser)
<input type="checkbox"/> Dog Bathing	<input type="checkbox"/> Newsletter
<input type="checkbox"/> Dog Walking	<input type="checkbox"/> Phone Contacts
<input type="checkbox"/> Event Help	<input type="checkbox"/> Photography
<input type="checkbox"/> Feral Cat TNR	<input type="checkbox"/> Public Speaking
<input type="checkbox"/> Fostering*	<input type="checkbox"/> Transports
<input type="checkbox"/> Fundraising	<input type="checkbox"/> Other _____
<input type="checkbox"/> Flyer Placement	

**please download and complete a Foster Care Application*

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports (even if you don't think they apply).

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Previous Volunteer Experience

Summarize your previous volunteer experience and include the name of the organization for which you volunteered.

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Reference:

Name	
Relationship to you	
Street Address	
City ST ZIP Code	
Phone	
Best time to contact	
E-Mail Address	

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Relationship to you	
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E-Mail Address	

Do you have any physical limitations? N Y Please indicate:

Person to Notify in Case of Emergency

Name	
Relationship to you	
Home Phone	
Cell Phone	
Work Phone	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, I am subject to a background check. Any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal.

Name (printed)	
Signature	
Driver's License Number	
Date	
Initial _____	By initialing I acknowledge there are a total of 3 pages to this form

Please ensure you hand sign the form before submitting

To return the form:

1. Sign, date, scan, email to: programs@kindredsoulsfoundation.org
2. Sign, date, and mail to:

Kindred Souls Foundation
 PO Box 88627
 Steilacoom WA 98388