



PAWS Volunteer Application

Name: _____

Address: _____

City: _____

State/Zip: _____

Home phone: _____

Work phone: _____

Mobile phone: _____

E-mail address: _____

Do you have any pets? Yes No Number/types: _____

Personal Reference, name, address, phone: _____

Days available to volunteer: Mon Tues Wed Thurs Fri Sat Sun

Hours available to volunteer: 10 am – 1 pm 1 pm - 4pm As Needed

Where do you volunteer now? _____

Please indicate the type of volunteer work you are interested in:

Adoption Program

Foster Care

Dogs Only

Cats Only

Thrift Store

Membership

Pet Friendly Hurricane Shelter

Education

Fund Raising

Bark Park

Gift Shoppe

Special Skills: _____

Signature: _____ Date: _____

In case of emergency please contact: _____

PAWS of Carteret
P.O. Box 1757
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Morehead City, NC 28557
252-247-3341
www.pawsofcarteret.org