

## ElderPet Service Branch Volunteer Application

Name:

Address:

City:

State:

Zip:

Email:

Phone:

Age:

**Areas needing volunteers:** (Check those in which you are interested. )

- Providing rides for clients and/or pets to pet related appointments
- Delivering pet food
- Purchasing or picking up pet food (ElderPet reimburses cost of pet food)
- Assisting with routine pet care at owner's home Dogs? \_\_\_\_\_ Cats? \_\_\_\_\_
- Providing emergency foster care or pet sitting Dogs? \_\_\_\_\_ Cats? \_\_\_\_\_
- Other as needed

1. Please describe any animal care training or background you may have:

2. Would you be willing to undergo a criminal background check? (ElderPet covers the cost)

3. While ElderPet has Volunteer Liability Insurance, you would also have some personal liability. Is your vehicle insured?

What is the amount of the insurance?

4. In what geographic locations would you prefer to work?

5. What days of the week and times would routinely be convenient for you?

6. Describe other types of volunteer work have you have done or are now doing.

Please list 2 personal references with contact information.

Please return this form to:

ElderPet  
Cole Hall  
291 Mast Rd.  
Durham, NH

Or email

[Jerilee.zezula@unh.edu](mailto:Jerilee.zezula@unh.edu)