

**VOLUNTEER INFORMATION FORM
MERCED S.P.C.A**

(Volunteer must be 16 yrs or older for Insurance purposes)

Name: _____ Date: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____

Days Available: Sun ___ Mon ___ Tues ___ Wed ___ Thurs ___ Fri ___ Sat ___

Times Available: _____

Please Mark All Areas You Are Interested In

FUNDRAISING

Donate Arts/Crafts _____
Donate Baked Goods _____
Work at Booth _____
Get Raffle Prizes _____
Set Up/Take Down _____

EDUCATION

Help with Education Program _____
Work on Materials _____
Flier Distribution _____
Do's & Don'ts for Pets _____
Donate Money _____

PETS & ADOPTION

Grooming _____
Medical Care/Shots _____
Record Keeping _____
Newsletter _____
Assist with Adoptions _____

MEMBERSHIP

Computer Assistance _____
Membership Drives _____
Follow Up Calling _____

PUBLICITY

TV, Radio, Newspaper _____

CORRESPONDENCE

Sunshine/Sympathy/Thank You's _____

ANIMAL ADOPTION SHELTER

Work in Office _____
Front Counter _____
Answer Phones _____
Data Entry/Computer _____
Transporting Supplies/Food _____
Maintenance _____

Grooming _____
Socialize Cats _____
Cleaning _____
Feed Animals _____
Walk Dogs _____
Donate Money _____

Other Areas You Are Interested In: _____

Mail Completed Form to: Merced S.P.C.A., P.O. Box 929, Merced, CA 95341