



Minnesota Sheltie Rescue

PO Box 27384
Golden Valley, MN 55427
(612)616-7477
www.mnsheltierescue.org

Finding the best and last home for Shelties in need.

Volunteer Application

Contact Information

Name	
E-Mail Address #1	
E-Mail Address #2	
Phone #1 (Home)	
Phone #2 (Cell)	
Phone #3 (Work)	
Street Address	
City, State Zip	
Age	<input type="checkbox"/> Under 16 <input type="checkbox"/> 16 or 17 <input type="checkbox"/> 18 or older

Where did you hear about MN Sheltie Rescue?

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Sheltie Experience – What is your experience with Shelties – previous, current, adopted?

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Volunteer Interests

Please tell us in which areas you are interested in volunteering.

Volunteer Interests	<input type="checkbox"/> Transport	<input type="checkbox"/> Grooming	<input type="checkbox"/> Fundraising
	<input type="checkbox"/> Check References	<input type="checkbox"/> Events	<input type="checkbox"/> Fencing
	<input type="checkbox"/> Home Visits	<input type="checkbox"/> Printing	<input type="checkbox"/> Follow up
	<input type="checkbox"/> Foster	<input type="checkbox"/> Computer	<input type="checkbox"/> Other
Other Volunteer Interests	<i>(none)</i>		

Volunteer Experience

Have you volunteered in the past for any other rescue groups or animal control agencies? Please describe your experience.

Special Skills or Qualifications

Please list any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities such as hobbies, that you are willing to offer to MN Sheltie Rescue.

Availability

Available hours: ___ Weekdays daytime ___ Weekdays evening ___ Weekends

Interest in MN Sheltie Rescue

Please describe your current experience or involvement with MN Sheltie Rescue. If you are new to MN Sheltie Rescue, please explain why you are interested in becoming involved with MN Sheltie Rescue.

References

Please provide the names and contact information for three individuals, other than family members, who can provide professional or personal references.

Name	Phone number(s) & Email Address	Relationship

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, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. If you are submitting this application via email, please enter your email address in lieu of your signature.

Name (printed)	
Signature	
Date	

Our Policy

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

We value your privacy. MN Sheltie Rescue does not sell or provide personal information about our volunteers to any other organization. The data collected on this form will be available only to MN Sheltie Rescue volunteers whose assigned responsibilities require access to this information.

Submitting Your Application

Thank you for completing this application form and for your interest in volunteering with us. Please email your completed application to Volunteer@msheltierescue.org or mail it to Attn: Development Director, MN Sheltie Rescue, PO Box 395, Circle Pines MN 55014-9998.