



VOLUNTEER Application

9525 New Liberty Road, Maysville IA 52773 -- (563) 823-8900

Please PRINT.... Date _____ 20____

Name _____

Address _____

Phone #s home (____) _____ cell (____) _____ work (____) _____

Place of Employment _____

Email Address _____

How/where did you hear about volunteering at QCGA? _____

Tell us about your interest in volunteering at QCGA and your experience with dogs: _____

Personal References Please list two non-relatives who have known you for at least 2 years, and your veterinarian.

Name	Name	Vet's Name
Relation to Applicant	Relation to Applicant	Clinic
Address	Address	Address
Phone	Phone	Phone
Email	Email	Email

I am interested in working at the kennel... Weekly Biweekly (every other week), Other _____ and would generally be available to work (circle all that apply)...

Day Shifts (8 am - Noon): Mon Tue Wed Thu Fri Sat Sun

Night Shifts (6 - 10 pm): Mon Tue Wed Thu Fri Sat Sun

Volunteers must be at least 18 years old. I am at least 18 years of age.

Signature _____

Thank you for your interest! A QCGA representative will be in touch as soon as possible.