



D.A.W.G.

Disaster Animal Welfare Group

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VOLUNTEER APPLICATION

NAME _____
First Middle/Maiden Last

STREET _____

MAILING _____

E-MAIL ADDRESS _____

DAYTIME PHONE _____ EVENING _____

DATE OF BIRTH _____
Month Day Year

CURRENT OCCUPATION _____

EMERGENCY CONTACT _____

PHONE _____ RELATIONSHIP _____

Please tell us why you are interested in volunteering with D.A.W.G?

Please list any skills that you feel would be beneficial to D.A.W.G. _____

Do you have any medical problems that might limit your physical activity? YES ____ NO ____
If yes, please explain _____

Please indicate areas of Volunteer Work in which you are interested:

Public Exhibits ____ Fund Raising ____ Animal Transportation ____
Lost/Found Programs ____ Disaster Rescue ____
Donation Boxes ____ Pet Loss Counseling ____