Dea. Phillip C. Johnson, Founder & President
Post Office Box 160772
Mobile, AL 36616
Telephone: (251) 300-5937

PHILLIP CARES
"Help Phillip To Care"

Volunteer Application

In order to become a volunteer you must: be at least 18 years of age, complete a volunteer application, and be a part of a volunteer orientation. We welcome individuals in the community who want to support our efforts through volunteering. If you are interested in helping owners care for their pets, then Phillip Cares is the place for you! We are always looking to expand our volunteer family. For more information about volunteering, call us at (251) 300-5967

Please fill out the following information COMPLETELY (print clearly)

Name: _____ _____ _____
First Middle Last

* Ethnicity: _____ * Gender: [ ] Male / [ ] Female

* Date of Birth: _____ / _____ / _____ *Age: _____
Month Day Year

Phone: (_____) _____ - _____ Email: _____

Current Home Address: _____ _____ _____ _____
Street City State Zip Code

T-Shirt size: _____

Are you a former volunteer of Phillip Cares? [ ] Yes [ ] No

If yes, what was the commitment you made? _____

Website: https://www.phillipcares.org
Email: info@phillipcares.org

Experience

Are you volunteering for High School or College Credit? Yes / No (circle one)

Name of School: _____

Area of Study: _____ Total Hours Required: _____

Please list any past volunteer experiences with owners caring for their pets: _____

_____

Volunteer Interests, Time Commitment, and Availability

What are your areas of interest?

[ ] As Needed/Assigned
[ ] Interests, hobbies, or other activities not listed above _____

During which days and time are you available for volunteer assignments?

Month	Time Available
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Emergency Contact Information

Name: _____ Relationship: _____

Phone: (_____) _____ - _____

I verify that the information contained in this form, including my full legal name, is true and correct, and complete to the best of my knowledge.

I understand that I am not allowed to volunteer at the Phillip Cares prior to completing orientation. This application will be sent to the processing team; you will be contacted for needed information and approval.

_____ _____ _____ / _____ / _____

Applicant's Printed Name Signature Date