



a program of Charleston Regional Spay Neuter Center

Volunteer Application

Name _____

Address _____

Primary Phone _____ Mobile _____

Email Address _____

Emergency Contact

In an emergency, please notify _____ Phone _____

In case of emergency, I authorize **Charleston Regional Spay Neuter Center, Inc. dba the Fix'Em Clinic** to arrange for emergency medical treatment (911) after attempting to notify the contact listed above.

Signature (Parents if under the age of 18) _____

How did you hear about the **Fix'Em Clinic**? _____

Interests – Check All That Apply

Fundraising Grant Writing Volunteer Coordination Rescue/Transport

Community Outreach and Education (various locations & events as scheduled)

Marketing & PR Human Resources Administration (preparing office for opening, etc.)

Special skills, hobbies or interests you would like to share that might benefit our organization:

Have you ever been or are you involved in any other animal welfare organization? ___ Yes ___ No

If so, which organization(s) _____

Availability: How many hours do you have available to volunteer? Each week _____ Each Month _____

We value your privacy and will not share your confidential information with any outside organization without your consent.

102 Dee Drive, Charleston, WV 25311
info@FixEmClinic.org