

**CARL W. NELSON ANIMAL SHELTER (CWNAS)**  
**VOLUNTEER APPLICATION**

We gratefully welcome anyone over the age of 18 to volunteer at our shelter. Insurance policy will not allow us to have anyone under the age of 18 as a volunteer.

Name \_\_\_\_\_ email address: \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

\_\_\_\_\_ I am 18 years or older Date of Birth \_\_\_\_\_

Days of week preferred to volunteer \_\_\_\_\_

Hours preferred to volunteer \_\_\_\_\_

Type of volunteer work preferred (check all that apply):

- |                      |                     |                      |
|----------------------|---------------------|----------------------|
| _____ Dog walking    | _____ cat cuddler   | _____ grooming       |
| _____ vet escort     | _____ clerical      | _____ laundry        |
| _____ dishwasher     | _____ cleaning      | _____ fund raising   |
| _____ education      | _____ groundskeeper | _____ Desk reception |
| _____ special events |                     |                      |

In case of emergency: Contact \_\_\_\_\_

Relationship \_\_\_\_\_ Phone \_\_\_\_\_

I agree that I am 18 years old or older, I agree that the Carl W. Nelson Animal Shelter is not responsible for any incidents that might occur to me as a volunteer. I agree that the Carl W. Nelson Animal Shelter is not responsible for any actions I take as a volunteer. I will follow instructions I receive when handling all animals.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Return application to: CWNAS, P.O. Box 345, Mauston, WI 53948**

**CARL W. NELSON ANIMAL SHELTER VOLUNTEER PROGRAM**

General Information

- Training and supervision will be provided by the Volunteer Coordinator.
- Volunteers are asked to be punctual and perform volunteer work at the assigned times. If you are not able to keep your scheduled time, please call the Volunteer Coordinator.
- The Carl W. Nelson Animal Shelter is a non smoking facility. There is no smoking allowed on the grounds. This includes bathrooms, parking lots, vehicles, and other buildings.
- If you become ill or have an accident while volunteering, please report immediately to the shelter manager or the Board President, or the volunteer Coordinator.
- Our programs must go on even if you are absent. Please notify us as soon as possible if you are going to be absent from your volunteer service.
- Above all, **THANKS FOR BEING A VOLUNTEER!!**

**Return this completed form to:**

**Volunteer Coordinator  
P. O. Box 345  
Mauston WI 53948**