

P.E.T. P.A.L.S. APPLICATION

Name: _____

Address: _____

Phone #: _____(H) _____(C)
_____ (W) Can you be called at work? _____

E-Mail address: _____

Name of Veterinarian: _____

Name of animal: _____ Breed: _____ Age: _____

Gender: _____ Spayed or neutered: _____

Why are you interested in joining this organization? _____

What volunteer experiences have you had? _____

Have you had any experiences in nursing homes? With children? With people with disabilities?

Are there any situations in which you would feel uncomfortable? If yes, please explain: _____

Have you ever been charged or convicted of a felony (assault, abuse, molestation)? _____

If yes, please explain: _____

How long have you lived in Iowa? _____

What qualities do you believe your animal has that would make it an appropriate visitor? _____

What days and times are you available to visit? _____

Is there any particular facility that you wish to visit? _____

Are you willing to make at least a one-year commitment (visiting a minimum of twice a month)? _____

Do we have your permission to do a background check? Yes _____ No _____

If so, please provide your birth date: _____

Signature of applicant: _____

Date: _____
