SPAY NEUTER ASSISTANCE PROGRAM, INC. VOLUNTEER APPLICATION

Rev. 4/06

SNAP is an all-volunteer organization. There is no office; our volunteers come from communities throughout the Ozarks to address the problem of animal overpopulation. Our success depends upon the efforts of those with a desire to improve the plight of animals, giving the gift of time as a volunteer, with skills and interests that complement our mission!!



Name:	Date:
Address:	Phone Numbers:
City: State:	Zip: (home):
e-mail:	(work):
Current Status	(cell):
Employer:	(other):
School:	
Retired:	
Seeking Employment?	
Date of Birth (Month/Day only) - Optional:	
What skills/interests do you believe you have to off fundraising events?	
Do you enjoy working on the computer and be willing newsletters? Please specify the computer program Word, Excel, Access, Publisher, PowerPoint, Intern	s/software that you are most familiar with, e.g.
Do you have your own computer:YesNo	
Do you have access to a good-quality color printer small quantities of SNAP literature? Yes I	

on projects	ore interested in volunteering: s you can do from your home volunteers on various projects	How many per week?	hours can you donate	
	of the week and/or times of the day wes it depend on the activity?	hen you would mo	est likely be available as a	
	or animals, why do you want to volu r involvement with our organization?		What would you like to	
Do you enjoy both dogs and cats, or have a preference for working on events with a focus on one or the other?				
Have you volunt	eered, or are you currently a volunte	er, for other organ	izations?	
Please list inform	nation about your pet(s) below:			
DOG/CAT	NAME	AGE	SPAYED/NEUTERED?	
Who is your vet	?			
How did you find	d out about SNAP?			

Please mail your completed application to: SNAP, P.O. Box 14354, Springfield, MO 65814. If you have any questions, call us at 417-823-7627. Thanks for helping the animals!!