## Volunteer Application

Applicant Full Name Email Address			
Address			
		Zip Code	
Requirements:			
<ul><li>If you are out the wa</li><li>If you are</li></ul>	aivers	ing a parent/guardian with you to fil accompanied by a registered adult	
•	r about the project voluntee	r program?	
		<del>-</del>	
	previous experience working		

Availability: M T W Th	_ F SatSun		
Morning Afternoon			
Please return this to our shelter or email it to info@FluffsRUs.com			