



Golden Retriever Rescue of Mid-Florida

Dedicated to Giving Displaced
Goldens a New Beginning Since 1991

www.grrmf.org

Volunteer Application

Please sign and return to: GRRMF, PO Box 1449, Goldenrod, FL 32733-1449

Thank you for your interest in volunteering with Golden Retriever Rescue of Mid-Florida (GRRMF). Our organization depends on dedicated, reliable volunteers like you.

Contact Information

First Name		Last Name	
Street Address			
City, State, Zip code			
Home Phone		Cell Phone	
Email Address			
Occupation			
Educational Background			

Areas of Interest

Please identify the areas where you would like to volunteer (please note that if you would like to foster a golden retriever, application at http://www.grrmf.org/adoption/adoption_app.html):

- | | | |
|--|---|--|
| <input type="checkbox"/> Accounting/Financial | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Adoption Follow-up | <input type="checkbox"/> Home Visits* | <input type="checkbox"/> Reunion/events planning |
| <input type="checkbox"/> Data entry | <input type="checkbox"/> Intake Team | <input type="checkbox"/> Secretarial |
| <input type="checkbox"/> Education at local events | <input type="checkbox"/> Newsletter Team | <input type="checkbox"/> Transportation* |
| <input type="checkbox"/> Foster Follow-up | <input type="checkbox"/> Phone Screening Team | <input type="checkbox"/> Web site |
| | | <input type="checkbox"/> Writing |

*If you volunteer for home visits or Transportation, which COUNTIES are you willing to travel to? _____

Availability

During which hours are you available for volunteer assignments?

- | | | |
|---|---|---|
| <input type="checkbox"/> Weekday mornings | <input type="checkbox"/> Weekday evenings | <input type="checkbox"/> Weekend afternoons |
| <input type="checkbox"/> Weekday afternoons | <input type="checkbox"/> Weekend mornings | <input type="checkbox"/> Weekend evenings |

Approximately how many hours per week would you be available to volunteer? _____

Are you able to volunteer on a regular, daily basis for ongoing duties? Yes No

Skills

Please identify your skills:

- | | | |
|--|---|---|
| <input type="checkbox"/> Administrative/clerical | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Phone work |
| <input type="checkbox"/> Communication | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Public Relations |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Grant writing | <input type="checkbox"/> Web design/maintenance |
| <input type="checkbox"/> Data entry/Typing | <input type="checkbox"/> Organizational | <input type="checkbox"/> Writing articles |

Special Skills or Qualifications

Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

