



225 Cemetery Road Kalispell MT 59901 | (406) 752-1310 | fcas@flathead.mt.gov

Volunteer Application

Thank you for your interest in becoming a volunteer with FCAS! Our volunteer program can only accommodate persons over the age of 18. This form must be filled out completely and signed before FCAS can schedule you for orientation. The information provided will be used by FCAS for the sole purpose of the volunteer program and will never be shared. Please print clearly.

Name: _____ Phone No.: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____

Driver's License No.: _____ State Issued: _____

Emergency Contact: _____ Phone No.: _____

Please describe your animal related experience: _____

Other related skills, knowledge, interests, etc.: _____

I can commit to volunteer: Once a Week Once a Month Schedule Permitting

I am interested in the following volunteer opportunities:

Cat Socialization Dog Socialization Sniffer Walks Dog Training Office Assistance

Cat Kennel Cleaning Dog Kennel Cleaning Grounds Maintenance Janitorial (other)

Photography Fundraising/Special Events Other: _____

Signature

Date