

CLINIC: 1321 N 16th Street
Phone: 928-421-0787
Fax: 928-537-1639



SHELTER: 1321 N 16th Street
Phone: 928-537-8009

info@petalliesaz.org

Show Low, AZ 85901

www.PetAlliesAZ.org

VOLUNTEER APPLICATION

MISSION: Provide non-lethal solutions to pet over-population.

*SOLUTION: Provide a professional, affordable spay/neuter program
and
place shelter pets in caring homes.*

Pet Allies – altering lives. Pet Allies encourages the participation of individuals, 18 years old & up, who support our mission. Potential volunteers will be interviewed prior to placement. The information on this form will help us find the most satisfying and appropriate job for you.

NAME _____ DATE _____
(Last) (First)

ADDRESS _____

E-MAIL ADDRESS _____

HOME PHONE _____ CELL PHONE _____

WORK PHONE _____ BIRTHDAY (optional) _____

EMERGENCY CONTACT *Name & Phone* _____

We'd like to get an idea of which volunteer positions interest you. At times there may be no openings for particular volunteer positions, and sometimes circumstances – such as the hours you are available – make certain volunteer positions impractical for some individuals. Training will be provided for many volunteer opportunities, so you may not necessarily need prior experience.

Hands-on work with animals (*training provided*) Please check all that you are interested in:

Shelter Animals, Dog: Walk dogs, Socialize/Play/Groom _____

Experience with Dogs: _____ Some _____ Have owned dogs

Dog Walking level you are comfortable with: _____ Easy _____ Moderate _____ Demanding

Shelter Animals, Cat: socialize/play/groom _____

Cat Experience: _____ Some _____ Have owned cats

Hands-on work with animals and related volunteer opportunities (training provided)

Please check all that you are interested in:

Feral Cats TNR Program: Trap for spay/neuter and return; work with the community at large
(Planned for 2026) _____

Foster Home (*circle all that apply*): Cats (medical recovery) Kittens (bottle babies/underage)

Dogs (medical recovery); Puppies (bottle babies/underage)

Prior Foster Experience? _____ Yes _____ No

Clinic: _____ Assist with recovery of surgical patients: lift at least 30lbs with assistance;
Clean/sanitize kennels; Clean/sanitize surgical instruments & prepare surgical packs; laundry

Clerical for Clinic: _____ Answer phone calls; Assist Clients; Assist with Patient Discharge;
Filing; Data Entry

Fundraising and Events: _____ Participate in fundraising and special events;
Organize outreach events or meetings, manage programs or special projects; grant writing

Clerical for Shelter: _____ Answer phone calls; Assist Clients/Visitors; Answer questions;
Assist with lost & found animal information: Write thank you notes; Filing; Data Entry

Laundry attendant - Shelter _____

Do you have other skills or expertise to share? Please list below:

Do you have any physical or medical limitations which would limit the type of volunteer activities you can do, i.e., pregnancy, back problems, etc.? Yes No If YES, please explain:

Liability Release & Waiver: I, the undersigned, understand that my participation with Pet Allies, Inc. is strictly on a volunteer basis. I understand that there are inherent risks associated with my volunteer activities, including the risk of personal injury resulting from animal bites and other animal behavior. I understand that Pet Allies is not responsible for any illness or injury caused by any animals that I come into contact with during my volunteer work. I agree to hold Pet Allies harmless and release Pet Allies from liability should I become sick or injured from any animals as a result of my volunteer work.

In exchange for Pet Allies' agreement to allow me to participate in its volunteer program, I hereby release Pet Allies, including its officers, agents, employees and volunteers, from any and all claims of liability of any kind whatsoever, including but not limited to claims of negligence and/or injury to me arising out of my participation in Pet Allies' volunteer program. I understand that by signing below I am waiving any and all claims of liability, including but not limited to claims of negligence and/or injury to me, against Pet Allies, its officers, agents, employees and volunteers, arising out of my participation in Pet Allies' volunteer program.

Signature _____ Date: _____