Maude Schiffley S.P.C.A. Volunteer Application				
All potential volunteers are asked to com	plete this form and re	turn to:		
Maude	e Schiffley S.P.C	.A.		
PO Bo	ox 1584			
Orang	eburg, SC 29110	6		
Date:		-		
(Please Print)				
Name:	Under 18 yrs. Yes / No?		No?	
Street address:	City:		State:	Zip Code
on our addition.			Otato.	Lip Godo
Home phone number:	Cell phone number:		<u> </u>	
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Best time to reach you?	E-mail address:			
Why are you interested in becoming a vol	lunteer?			
Do you have previous experience working	g with animals? Yes	/ No		
Volunteer interests are:	3			
Shelter Volunteer (Answering phones, bathing, walking and socializing the animals.)				
Off Site Adoptions				
Fundraising				
Nursing Home Visits				
Any other volunteer service you of	can perform			
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Please describe any experience that you	nave nad with animais	S:		