

Missouri Alliance for Animal Legislation
Volunteer Information Form

Please print

Date _____

Name (last name first) _____

Phone (home) _____ (business) _____

(cell) _____ (fax) _____

Email Address _____

Residential Address _____

(street address)

(city, state, zip)

Business Address _____

(company name)

(street address)

(city, state, zip)

Position/Title _____

Circle One: Male / Female Birth Month/Date (year optional) _____

How did you hear about the Alliance? _____

Do you have companion animals? If yes, please list where you acquired them, type and their names: _____

Please list your skills and areas of interest: _____

Days of the week/times you are available: _____

What type of volunteer opportunities would you prefer?

- Staff an Alliance educational table at an event in your area
- Provide office support in St. Louis
- Help with mailings or other projects
- Serve on a special event planning committee and/or solicit auction items
- Attend hearings in Jefferson City
- Visit Jefferson City with Alliance representatives when needed
- Serve on a speaker's bureau and make presentations about the Alliance
- Host or co-host an informational gathering or fund raiser in your home or other location
- Other _____

Any Physical or Personal Limitations? If yes, please list: _____

Emergency Contact and Relationship: _____

Phone (home) _____ (business) _____

Previous Volunteer Experience (current or recent affiliations, include political, business, professional, civic, charitable, social and fraternal organizations):

Organization	Offices Held (if applicable)	Dates
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Please mail to:

MAAL
PO Box 300036
St. Louis, MO 63130

Or fax to:
314-361-3973