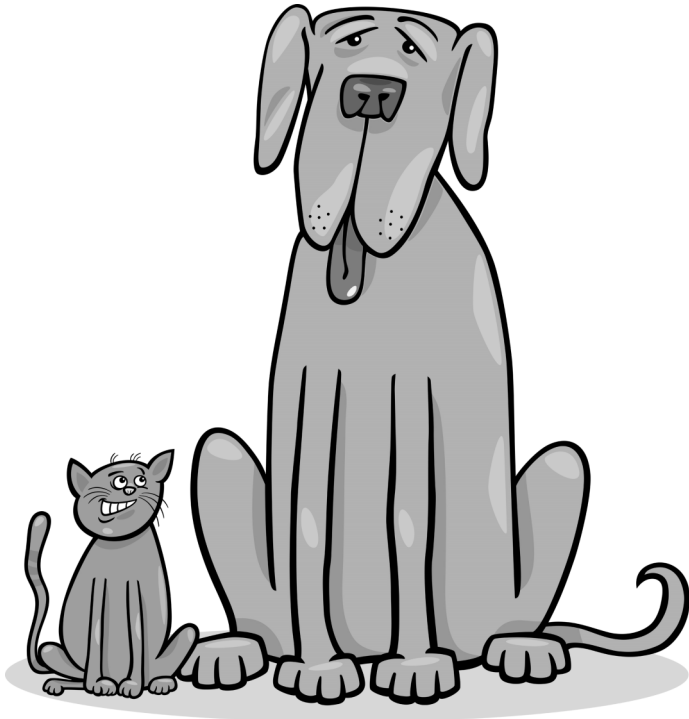




## Is volunteering at The Animal League for you?

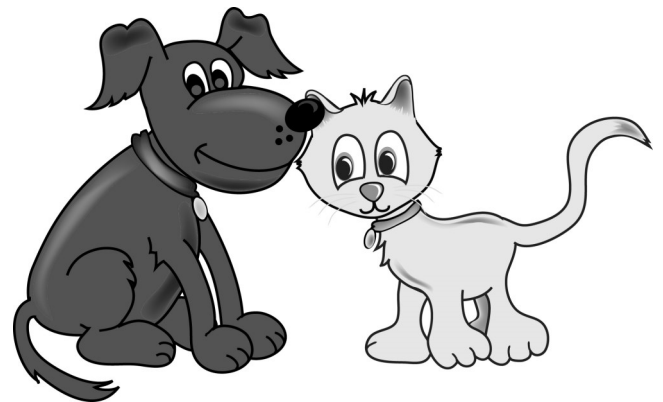


**You'd be a great YIP if you can answer YES to the following questions.**

1. Could you cheerfully scoop poop and clean litter boxes?
2. Can you follow animal care instructions?
3. Would you like to train a dog to walk well on a leash?
4. Can you live without personal electronic devices for 4 hours?
5. Would you like to learn about the many different personalities of cats and dogs?
6. Will you ask questions for directions or clarification?
7. Do you enjoy petting, grooming and socializing dogs and cats?
8. Can you do necessary daily chores (i.e. dishes, sweeping, mopping, laundry) with vigor?
9. Would you like to learn what different animal behaviors mean?
10. Would you like to feel that you've made a difference by helping homeless dogs and cats?

### As a YIP, you will:

- Make a commitment to a schedule
  - 4 hours each week, early OR late shift
  - More than one shift a week if you desire
  - Notify your coordinator in advance of any absences
- Have your parent/guardian agree to provide transportation
- Experience an amazing summer helping animals



You and your parents/guardians should now complete and return the attached forms by **MAY 13th.**

We all look forward to meeting you!



# Youth Intern Program (YIP) MAY 24 - JULY 30 2016 Student Application Form - due MAY 13



Please PRINT clearly ~ Application *MUST* be readable



Name: \_\_\_\_\_

Address: \_\_\_\_\_ Street \_\_\_\_\_ Town \_\_\_\_\_ Zip \_\_\_\_\_

Home phone # \_\_\_\_\_ Cell # \_\_\_\_\_

Email address: \_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Month \_\_\_\_\_ Date \_\_\_\_\_ Year \_\_\_\_\_ How old are you now? \_\_\_\_\_

What would you like to do as a volunteer at The Animal League of Green Valley (TALGV)

\_\_\_\_\_  
\_\_\_\_\_

When school starts in August 2016, what grade will you be entering (must be 9 – 12)? \_\_\_\_\_

What school are you now attending? \_\_\_\_\_ What school will you be attending? \_\_\_\_\_

What training or work/home experience do you have, that might be helpful to TALGV?

\_\_\_\_\_  
\_\_\_\_\_

Please describe your previous volunteer experience(s), if any.

\_\_\_\_\_  
\_\_\_\_\_

Do you have any medical condition or limitation of which we should be aware?

\_\_\_\_\_  
\_\_\_\_\_

**To participate in the Youth Intern Program, you must be able to work at least one four hour shift a week.**

Help us plan - talk with your parents/guardians, then complete the following:

Circle the days of the week that you are available. Sun. Mon. Tues. Wed. Thurs. Fri. Sat.

List specific dates you will not be available because of family vacations, band camp, etc. \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**SUBMITTED BY:**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form to your school office or to TALGV no later than  
Friday, May 13, 2016**