

## Is volunteering at The Animal League for you?

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



**CASSIE**

1. Could you cheerfully scoop poop and clean litter boxes?
2. Can you follow animal care instructions and ask questions for clarification?
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 and behaviors of cats and dogs?

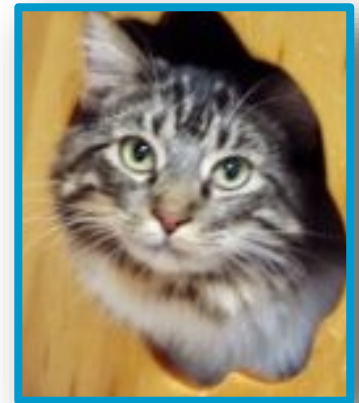
6. Do you enjoy petting, grooming and socializing dogs and cats?

7. Can you enthusiastically do necessary daily chores (i.e. dishes, sweeping, mopping, laundry)?

8. Would you like to feel that you've made a difference by helping homeless dogs and cats?

### As a **YIP**, you will commit to:

- Attend training May 28, 29, and 30
- Volunteer 4 hours each week, early OR late shift, for a total of 32 hours
- Work more than one shift a week if you would like
- Notify your coordinator in advance of any absences
- Have your parent/guardian agree to provide transportation



**NINA**



Youth Intern Program (YIP) MAY 28- JULY 28  
2024 Student Application Form - due MAY 10

Please **PRINT** clearly ~ Application **MUST** be readable!

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

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

Home Phone # \_\_\_\_\_ Cell Phone # \_\_\_\_\_

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, what grade will you be entering (must be 9 - 12)? \_\_\_\_\_

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

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

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

Have you ever been a YIP before? Yes \_\_\_ If yes, when? \_\_\_\_\_ No \_\_\_

Please describe any of your previous volunteer experiences?

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

Do you have any medical condition(s) or limitation(s) 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 your work schedule - talk with your parents/guardians, then complete  
the YIP Scheduling Information Form (attached)

SUBMITTED BY:

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

Return this form to YOUR SCHOOL OFFICE or to TALGV no later than  
**Friday, May 10, 2024**

For more info contact: TALGV at (520) 223-3955 or finallymrsmense@aol.com