



EARS



Erie Area Rabbit Society & Rescue

Volunteer Form

Name _____ Phone: _____

Address _____ City/State/Zip: _____

Occupation: _____ Age: _____ Email: _____

Do you have any experience with rabbits? YES / NO

If yes, how? _____

Do you have any experience with any other animals? YES / NO

If yes, how? _____

Are you doing COMMUNITY/SERVICE HOURS? YES / NO

For what school/organization/court?

Supervisor/Counselor Name: _____

Supervisor/Counselor Phone: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times Available							

To submit form, contact Heather: (814) 806-0108 or send to

eriearearabbitsocietyandrescue@gmail.com

Thank you for your interest in volunteering!