



Spay Neuter Assistance Program of Michigan Volunteer Application

Contact Information

Name

Address

City

State

Zip Code

Home Phone Number

Cell Phone Number

Email

Preferred method of contact home phone cell phone email

Restrictions on contact (Example: call before 10:00pm)

Areas of Interest

Check all areas in which you would like to be involved:

- | | |
|---|--|
| <input type="checkbox"/> Fostering (foster until adopted) | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Event Planning | <input type="checkbox"/> Staffing information booths |
| <input type="checkbox"/> Phone calls | <input type="checkbox"/> Home evaluations |
| <input type="checkbox"/> Clerical/computer | <input type="checkbox"/> |
| <input type="checkbox"/> Rehabilitation (medical or behavioral) | |

If you have checked off Fostering, please provide your veterinarian's name and phone number, and if you rent, your landlord's name and contact information.

Additional ways you would like to assist SNAP

Email form to snapofmichigan@gmail.com or mail to:

SNAP of Michigan
c/o Volunteer
PO BOX 352
Niles, MI 49120