



Transport Volunteer Form

Contact Information:

First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Cell Phone: (_____) _____ Do you use text messaging? __yes __no Home Phone: (_____) _____

Email: _____

What is the best method to contact you? (email, home phone, cell phone, text) _____

Transportation:

What type of vehicle do you have for transporting animals?(make and model and color)

Make of car _____ Model _____ Color _____ License Plate # _____

Driver's license number:(please attach a copy of your driver's license) _____

Do you own a crate? _____ YES _____ NO What size? _____

How many animals are you willing and able to transport at a given time? _____

What is the maximum distance from Walterboro are you willing to travel one way? _____

Availability:

Please indicate the days you are available to volunteer. (This does not confirm a commitment.)

	<u>Sunday</u>	<u>Monday</u>	<u>Tuesdays</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
<u>Morning</u>							
<u>Evening</u>							
<u>Anytime</u>							

Emergency Contact Information:

Name: _____ Phone: _____

DOCTOR'S NAME: _____

DOCTOR'S PHONE: _____

By signing below, you acknowledge risk inherent in animal transport and absolve FoCCAS and Colleton County Animal Control from any liability therein.

Signature _____ **Date** _____