

Shelter Outreach Services of Ohio

Job Application and Information Form

3500 E Livingston Road | Columbus, Ohio 43227

Contact Information:	
Name:	
Phone:	
Email:	
Address 1:	
Address 2:	
City, State, ZIP:	
Are you over 18?	

Availability:	
Are you available Monday-Thursday?	
Would you prefer first shift (7/8/9a-5/6p) or second shift (12p-8/9p)?	
Do you have reliable transportation?	

Background:	
How did you hear about Shelter Outreach Services?	
Please describe any previous experience you have with rescues, shelters, or veterinary services.	
Are you currently attending school for veterinary medicine? Please describe.	
What else would you like us to know about you?	

Waiver:

By typing my full legal name below, I agree to release Shelter Outreach Services of Ohio (SOS of Ohio), its officers, directors and volunteers of the organization, from any and all claims, demands, actions or causes of action which, in any way, arise from my participation in volunteer activities or events. In case of illness or accident, permission is granted for emergency transport and/or treatment to be administered. It is further understood that I will assume full responsibility for any such action, including payment of cost.

Signature:	
Date:	