



Rescue Angels of Southern Maryland (RASM) is a not-for-profit charitable organization funded primarily through donations. Our mission is to change the lives of animals in need by rescuing them from undesirable situations, providing loving homes and any needed medical care, including mandatory spay and neuter. We welcome the participation of those willing to represent our organization in accordance with our mission and philosophies. Volunteers are vital to our success!

Please complete the following and email your completed form to rescueangelssomd@gmail.com

Name _____

Address _____

City, State, ZIP _____

Phone/Cell _____

E-mail _____

Experience, Special Skills, Strengths, and Talents:

- | | |
|---|---|
| <input type="checkbox"/> Gardening /Landscaping | <input type="checkbox"/> Writing/Editing |
| <input type="checkbox"/> Graphic Arts | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Painting | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> Sewing |
| <input type="checkbox"/> Public Relations | <input type="checkbox"/> Web design |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Animal Transport |
| <input type="checkbox"/> Computers | <input type="checkbox"/> Crafts |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Marketing |
| <input type="checkbox"/> TNR/caretaking | <input type="checkbox"/> Trapping |
| <input type="checkbox"/> Volunteer coordination | <input type="checkbox"/> Special events |
| <input type="checkbox"/> Other-Please describe: | |

What are you most interested in doing as a RASM volunteer?

I, (name) _____ confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk with no liability to RASM. I agree to adhere to Rescue Angels of Southern Maryland's policies and carry out my duties as a volunteer effectively.

Signature _____ Date _____

RASM Witness _____