

VOLUNTEER VERIFICATION FORM

Persona	I Information:	Date of Application:
Full Name	e:	
Your vol	lunteer organization:	
Name:	Alaska SPCA	
Address:	3710 Woodland Dr., #1200, Anchorage, AK 99517	

Your average number of volunteer hours/month:

10

Signature of organization employee:

Kelly Donnelly Signature:

Fear Free, LLC, 1624 Market Street, Suite 202, Denver, CO 80202

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