

VOLUNTEER VERIFICATION FORM

Persona	I Information:	Date of Application:
Full Name	9:	
Your vol	unteer organization:	
<u>Name:</u>	Humane Animal Rescue of Pittsburgh	
<u>Address:</u>	6926 Hamilton Ave. Pittsburgh PA 15208	
Your av	erage number of volunteer hours/month:	

8

Signature of organization employee:

Signature: K. Alexis Simonow (Volunteer Manager, Humane Animal Rescue of Pittsburgh)

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

fearfreeshelters.com