



VOLUNTEER APPLICATION

Applicants over 16 years of age Valid ID required

Name: _____ Age: _____ DOB: _____

Street: _____ City: _____ State: _____ Zip: _____

Phone: (H) _____ (W) _____ (C) _____ Email: _____
(Providing email may add you to our mailing list)

Emergency contact: _____

Phone: (H) _____ (W) _____ (C) _____

What type of volunteer position are you interested in? (Please check all that apply)

- Dog Care** (Cleaning cages, organizing dog room, maintain laundry room)
- Dog Interaction** (Dog walking, grooming, socializing, etc.)
- Cat Care** (Cleaning cages, grooming socializing, organizing cat rooms, etc.)
- Clerical Work** (Typing, filing, general office work, web site maintenance, etc.)
- Grounds keeping/Maintenance** (Mowing, weed pulling and whacking, groom trails, etc.)
- Carpenter/Painter** (Basic repairs, shed maintenance, etc.)
- Pet Therapy** (Bring shelter animal to area nursing and assisted living homes)
- Photographer** (Taking pictures of the animals for ID cards and website)
- Animal Transporter** (Driving animals to off site locations)
- Friends Group** (Helping with fund raising, organizing events)
- Obedience Training** (basic commands, socializing, etc.)
- Other** _____

Times you are available: (Circle available times)

Monday	8am-12pm	12pm-5pm	Friday	8am-12pm	12pm-5pm
Tuesday	8am-12pm	12pm-5pm	Saturday	7am-11am	11am-4pm
Wednesday	8am-12pm		Sunday	7am-11am	11am-4pm
Thursday	8am-12pm	12pm-5pm			

How often are you interested in volunteering? (Please circle one)

Occasionally

(couple times throughout the year)

Low Frequency

(few days a week)

High Frequency

(more than a few days week)

Have you ever been convicted of a crime other than a minor traffic violation or had any animal related violations? Y N If yes, explain _____

Do you have any health issues or restrictions that SWCHS should be aware of while you are volunteering? Y N If yes, explain _____

Are you current on your Tetanus Vaccination? Y N Date administered: _____

In consideration of my participation in activities of the South Wood County Humane Society (SWCHS), I do agree to hold free from any and all liability the SWCHS and its officers, employees and members. I do release and forever discharge any rights and claims for damages or injuries, which I may hereafter incur, arising out of or connected with my participation in any activities or duties of the SWCHS. I declare myself to be physically sound and medically able to participate in the activities of SWCHS.

Signature: _____ Date: _____

SWCHS Signature: _____ Date: _____