



Volunteer Application

Please
Print
Clearly

Huron County Humane Society

246 Woodlawn Avenue
Norwalk, Ohio 44857
(419) 663-7158

Applicant Information

Full Name: _____ Date: _____

Last

First

M.I.

Address: _____

Street Address

Apartment/Unit #

City

State

ZIP Code

Phone: (____) _____ (____) _____ E-mail Address: _____

Date Last Tetanus Vaccination: _____ Applicant Age: _____ Starting Date: _____

Volunteer Opportunities

I would like to help as:

(Check all that you would be willing to assist with below)

Shelter Volunteer:

Committee Member / Special Event Staff:

Facility Cleaning

Fundraising

Animal Care

Spay / Neuter

Facility Maintenance

Public Relations

Receptionist

Education

Office Assistant

Pet Visitation

Foster Parent

I would like more information about: _____

The skills I can offer are:

References

Full Name: _____ Relationship: _____

Phone: (H) (____) _____ Phone: (W) (____) _____

Full Name: _____ Relationship: _____

Phone: (H) (____) _____ Phone: (W) (____) _____

I want to do this because:

Shelter Volunteer Schedule

I am available for the following shifts: (Please mark shifts you are available below.)

	8-10 am	10-12 am	1-3 pm	3-5pm
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				
Sunday				

I have my own transportation.

Emergency Contact Information

Full Name: _____ Relationship: _____

Phone: (H) (____) _____ Phone: (W) (____) _____

Address: _____

Full Name: _____ Relationship: _____

Phone: (H) (____) _____ Phone: (W) (____) _____

Address: _____

Known Medical Conditions: _____

Allergies: _____

Disclaimer and Signature

I, _____, hereby release the Huron County Humane Society, Inc. from any liability, such as an accident or injury, in connection with my duties as a volunteer worker. I will also positively promote the Huron County Humane Society at all times while volunteering. I understand that once contacted to volunteer for the Huron County Humane Society, that I will be given a volunteer handbook that I will be required to read and adhere to at all times while volunteering for the Huron County Humane Society.

Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____
(If under 18 years of age)

HCHS Authorized Witness: _____ Witness: _____

FOR OFFICE USE ONLY

DATE RECVD: _____

TAKEN BY: _____

RECEIVED BY: _____

CONTACT DATE: _____