



Please complete all questions on this application if you are interested in becoming a volunteer at the Wellington Humane Society.

Personal Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell: _____

Email Address: _____

Date of Birth: _____ Gender: _____

Employer/School: _____

Title/Position: _____

If you are applying with a minor under 18 years of age, please give the name and age of that minor here:

Emergency Contact Information

Name: _____

Address: _____ City: _____

State: _____ Zip: _____

Home Phone: _____ Cell: _____

Relationship: _____

Availability

Please review the schedule below and check all days and times you are available for volunteering. We understand that schedules change and will discuss this further in the interview.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning (9:00am):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon (3:00pm):	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

List specific times if applicable: _____

Can you volunteer more than one day a week? Yes No Sometimes

Would you like to be on the "sub list"? If someone cannot volunteer during their normal time, we will call on a "sub" to fill in once in a while. Yes No

Animal & Assignment Preferences

Please identify which animals you are comfortable working with and select up to 5 volunteer positions that interest you most.

Animal Preferences:

- Cats Dogs

Assignment Preferences: (Select up to 5)

- | | | |
|--|--|---|
| <input type="checkbox"/> Animal Behavior | <input type="checkbox"/> Office/Admin/Data Entry | <input type="checkbox"/> Cat Care |
| <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Adoptions | <input type="checkbox"/> Cat Socializer |
| <input type="checkbox"/> Maintenance/Housekeeping | <input type="checkbox"/> Education Outreach | <input type="checkbox"/> Greeter |
| <input type="checkbox"/> Grounds/Mowing/Watering | <input type="checkbox"/> Dog Care | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Front Desk/Customer Service | <input type="checkbox"/> Dog Walking | |
| <input type="checkbox"/> Medical Clinic Support | <input type="checkbox"/> Dog Washing | |

Do you prefer working as a team or independently?

- Independently Team Either/Both

Please include any additional information about your skills, training or experience in pet care or animal welfare you think may be helpful:

Question Section

What motivated you to volunteer?

Have you volunteered for other agencies? If yes, please list:

Do you have any physical or mental limitations that might require an accommodation or prevent your participation in any volunteer opportunities you are interested in? If yes, please explain:

Are you a member of any animal welfare organization? If yes, please list:

Community Service

Do you have any required community service hours? If yes, why do you need them? How many do you need? And when are they due by?

Background

Have you ever been arrested or convicted of a crime other than a minor traffic offense? If yes, please explain: (An affirmative response will not necessarily disqualify you from volunteering. If you have not provided complete or truthful information, your application may be rejected or your volunteer service terminated.)

By signing below, you are acknowledging the above information to be truthful to the best of your knowledge. If you do not provide complete and accurate information, your application may be rejected or your volunteer service terminated.

Signature _____ Date _____