## **VOLUNTEER APPLICATION**

\* Office use only





□ Active □ Inactive

Thank you for your interest in volunteering with the Humane Society Waterville Area! We need assistance in many areas including daily operations, pet socialization, pet fostering, and help during our fundraising events. Please select the volunteer activities that most interest you. Upon receipt of your application, we will call you to set up a time for Volunteer Orientation. Specifics about each activity will be discussed at that time. Information on this form will help us find the most appropriate job for you, but we will also provide appropriate training as necessary. Please print your responses clearly. Thank you again for your interest in HSWA!

Please note: Volunteers 13-15 years of age must be accompanied AT ALL TIMES by a responsible adult and you must include your date of birth on this application

Date								
ast Name		First Name		MI				
Address						_		
City					<del></del>	Zip		
Home Phone			Work Ph	one			_	
Cell Phone			Email				_	
Age			Date of	Birth				
	Help	us match your		<b>Availabi</b> ur current	i <b>lity</b> t opportunities. Pleas	se check all	I that apply!	
☐ Both Weekdays and Weekends			□ Prefer a regular schedule		□ Weekdays M T W T F			
Available as needed			□ Weekends Sat, Sun			□ Can be	n be considered on short notice	
☐ Mornings			□ Afternoons			□ Other		
		If intere	ested in a Regular S	chedule p	lease complete the	following:		
Avai	lability (circle all t	ime frames ava	ailable)		Cor	mments ab	out availability:	
Monday:	8:30am-11am	11am-1pm	1pm-5pm					
Tuesday:	8:30am-11am	11am-1pm	1pm-5pm					
Wednesday:	8:30am-11am	11am-1pm	1pm-5pm					
Thursday:	8:30am-11am	11am-1pm	1pm-5pm					
Friday:	8:30am-11am	11am-1pm	1pm-5pm					
Saturday:	8:30am-11am	11am-1pm	1pm-4pm					
Sunday:	8:30am-11am	11am-1pm	1pm-4pm					
<b>HSWA Voluntee</b> How did you hea		nteer program a	at the Humane Soci	ety Wate	rville Area?			
Please circle the	Volunteer Oppor	tunities you wo	ould like to participa	ate in:				
Direct Animal Care and Cleaning			Cat Socializing		Dog Walker		House	ekeeping/Laundry
Foster Parent		Animal Transport		Office/Clerical		Donat	ion/Supplies Organizer	
General Maintenance			Special Events Volunteer		Data Entry		PR/Fundraising	Committee
ist any other ar	eas of interest no	ot listed above	:					
Personal (Experi	ience, Skills, Inter	ests) Do you h	ave previous experi	ence or s	pecial skills?			
□ Volunteer wor			☐ Customer Service				ing with animals	
∃ Formal educat	ion/training work	ing with anima	ıls □ Comp	uter/offic	e/clerical/data entry	experience	е	

Please list any details or other experience/skills you would like to share with us.

Community Service,	Vocational Rehabi	ilitation, Aspire, etc. (If Ap	plicable)			
If you need Community Service hours for high school or college graduation, please state how many hours you need to complete and graduation/due date:						
If you were referred to HSWA for court-ordered Communit need to be obtained by the Volunteer Coordinator. You wi						
If you will be volunteering with a Vocational Counselor or can be approved. Please provide the Vocational Counselo						
First Name Last Name	Phone #	Company Nar	me			
<b>NOTE:</b> Each counselor or case manager who will be worki orientation and training with you.	ng with you will ne	ed to complete a volunteer	application and participate in the			
Have you ever been convicted of a crime?	□ Yes □ No					
Have you ever been tried for a felony crime? Have you ever been arrested?	□ Yes □ No □ Yes □ No					
If yes, please explain:						
Emergency Information						
Do you have health insurance? □ Yes □ No						
CompanyPo	licy #		_			
In case of an emergency, please notify:						
First Name Last Name	Relationship	Phone #	_			
Address	City	State Zip	_			
Please list any allergies:			-			
Are there any medical, physical or other limitations on the			Yes □ No			
If yes, please explain:			_			
	Volunteer C	Contract				
I have completed this application and answered all inform verify any information given on this volunteer application.		accurately. I give permission	on to the Humane Society Waterville Area to			
I understand that HSWA reserves the right to conduct ba	ckground checks o	on any applicant applying f	or a volunteer position at HSWA.			
In the event of an emergency, I hereby give permission to injections and/or anesthesia and/or surgery for me.	the physician selec	ted by HSWA to hospitalize,	secure proper treatment, and order			
I hereby agree that the HSWA shall not be held responsible volunteer program.	e for any injury, acc	cident, or sickness which m	ay occur to me in connection with the			
<b>Confidentiality:</b> It is expected that Humane Society Water HSWA concerning the animals, abuse cases, customer info Humane Society Waterville Area.						
Volunteer Signature	Date					
Parent/Guardian Signature (required if under 18)	Date					