

## VOLUNTEER APPLICATION

Humane Society Waterville Area  
100 Webb Road, Waterville, ME 04901  
207-873-2430



**\*Office use only**  
☐ Attended Orientation

☐ Active ☐ Inactive

Thank you for your interest in volunteering with the Humane Society Waterville Area! We need assistance 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 reach out to 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 \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Email \_\_\_\_\_

Age \_\_\_\_\_

Date of Birth \_\_\_\_\_

What is the best way to contact you? ☐ Home phone ☐ Work phone ☐ Email ☐ Mail

### Availability

Help us match your preferences with our current opportunities. Please check all that apply!

- |                                                     |                                                    |                                                            |
|-----------------------------------------------------|----------------------------------------------------|------------------------------------------------------------|
| <input type="checkbox"/> Both Weekdays and Weekends | <input type="checkbox"/> Prefer a regular schedule | <input type="checkbox"/> Weekdays M T W T F                |
| <input type="checkbox"/> Available as needed        | <input type="checkbox"/> Weekends Sat, Sun         | <input type="checkbox"/> Can be considered on short notice |
| <input type="checkbox"/> Mornings                   | <input type="checkbox"/> Afternoons                | <input type="checkbox"/> Other: _____                      |

**If interested in a Regular Schedule please complete the following:**

| Availability (circle all time frames available) |             |          |         | Comments about availability: |
|-------------------------------------------------|-------------|----------|---------|------------------------------|
| Monday:                                         | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |
| Tuesday:                                        | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |
| Wednesday:                                      | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |
| Thursday:                                       | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |
| Friday:                                         | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |
| Saturday:                                       | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |
| Sunday:                                         | 8:30am-11am | 11am-1pm | 1pm-4pm |                              |

### HSWA Volunteers:

How did you hear about the volunteer program at the Humane Society Waterville Area?

**Please circle the Volunteer Opportunities you would like to participate in:**

- |                                                          |                                                   |                                          |                                                      |
|----------------------------------------------------------|---------------------------------------------------|------------------------------------------|------------------------------------------------------|
| <input type="checkbox"/> Direct Animal Care and Cleaning | <input type="checkbox"/> Cat Socializing          | <input type="checkbox"/> Dog Walker      | <input type="checkbox"/> Housekeeping/Laundry        |
| <input type="checkbox"/> Foster Parent                   | <input type="checkbox"/> Animal Transport         | <input type="checkbox"/> Office/Clerical | <input type="checkbox"/> Donation/Supplies Organizer |
| <input type="checkbox"/> General Maintenance             | <input type="checkbox"/> Special Events Volunteer | <input type="checkbox"/> Data Entry      | <input type="checkbox"/> PR/Fundraising Committee    |

**List any other areas of interest not listed above:**

### Personal (Experience, Skills, Interests)

- |                                                                         |                                                                         |                                                          |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------|----------------------------------------------------------|
| <input type="checkbox"/> Volunteer work experience                      | <input type="checkbox"/> Customer Service experience                    | <input type="checkbox"/> Experience working with animals |
| <input type="checkbox"/> Formal education/training working with animals | <input type="checkbox"/> Computer/office/clerical/data entry experience |                                                          |

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

**Community Service, Vocational Rehabilitation, Aspire, etc. (If Applicable)**

If you need Community Service hours for high school or college graduation, please state how many hours you need to complete and graduation/dues date: \_\_\_\_\_

If you were referred to HSWA for court-ordered Community Service or to receive leniency from the courts, a Community Service application will need to be obtained by the Volunteer Coordinator. You will need to be 18 years of age and older to participate in the community service program.

If you will be volunteering with a Vocational Counselor or Case Manager, he or she must fill out and submit an application before your application can be approved. Please provide the Vocational Counselor or Case Manager's information to assist with matching up the applications:

|            |           |         |              |
|------------|-----------|---------|--------------|
| First Name | Last Name | Phone # | Company Name |
|------------|-----------|---------|--------------|

**NOTE:** Each counselor or case manager who will be working with you will need to complete a volunteer application and participate in the orientation and training with you.

Have you ever been convicted of a crime? ☐ Yes ☐ No

Have you ever been tried for a felony crime? ☐ Yes ☐ No

Have you ever been arrested? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**Emergency Information**

Do you have health insurance? ☐ Yes ☐ No

Company \_\_\_\_\_ Policy# \_\_\_\_\_

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 types of volunteer work you can perform? ☐ Yes ☐ No

If yes, please explain: \_\_\_\_\_

**Volunteer Contract**

*I have completed this application and answered all information honestly and accurately. I give permission to the Humane Society Waterville Area to verify any information given on this volunteer application.*

**I understand that HSWA reserves the right to conduct background checks on any applicant applying for a volunteer position at HSWA.**

*In the event of an emergency, I hereby give permission to the physician selected by HSWA to hospitalize, secure proper treatment, and order injections and/or anesthesia and/or surgery for me.*

*I hereby agree that the HSWA shall not be held responsible for any injury, accident, or sickness which may occur to me in connection with the volunteer program.*

**Confidentiality:** *It is expected that Humane Society Waterville Area volunteers will not breach any private or confidential information outside of HSWA concerning the animals, abuse cases, customer information, business decisions, and policies of the organization. I agree to comply with the Humane Society Waterville Area.*

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if under 18)

\_\_\_\_\_  
Date