



SHEPHERD OF THE HILLS HUMANE SOCIETY
VOLUNTEER APPLICATION

<input type="checkbox"/> ADOPTION CENTER	DATE _____
<input type="checkbox"/> DOWNTOWN THRIFT STORE	
<input type="checkbox"/> SOH THRIFT STORE	

GENERAL INFORMATION

NAME	EMAIL	TELEPHONE NUMBER	
ADDRESS	CITY	STATE	ZIP CODE
TYPE OF VOLUNTEER <input type="checkbox"/> Adult (18+) <input type="checkbox"/> Junior (13 - 17) <input type="checkbox"/> Group <input type="checkbox"/> Parent-child team <input type="checkbox"/> Community service <input type="checkbox"/> Other _____			DATE OF BIRTH

HAVE YOU HAD ANY CRIMINAL CONVICTIONS WITHIN THE LAST SEVEN (7) YEARS? A CONVICTION RECORD WILL NOT NECESSARILY BAR YOU FROM VOLUNTEERING, BUT FAILURE TO DISCLOSE WILL.

YES NO If yes, explain.

LIST HOBBIES, INTERESTS

DAYS AND TIMES AVAILABLE TO VOLUNTEER

HOW DID YOU LEARN ABOUT OUR ORGANIZATION

Radio Walk-in Newspaper Our website Other website _____ Facebook Other _____

TYPE OF VOLUNTEER WORK INTERESTED IN (CHECK LOCATION AND AREAS YOU WOULD PREFER)

<p>ADOPTION CENTER</p> <input type="checkbox"/> Dog walking <input type="checkbox"/> Cat socialization <input type="checkbox"/> Cleaning <input type="checkbox"/> Organizing <input type="checkbox"/> Animal care / Cleanup <input type="checkbox"/> Adoption Events <input type="checkbox"/> Facilities & Landscape Maintenance <input type="checkbox"/> Volunteer Dog Trainer <input type="checkbox"/> Veterinary Transport <input type="checkbox"/> Educational Programs <input type="checkbox"/> Laundry <input type="checkbox"/> Other _____	<p>DOWNTOWN THRIFT STORE</p> <input type="checkbox"/> Cashier <input type="checkbox"/> Pricing <input type="checkbox"/> Sorting donations <input type="checkbox"/> Merchandising <input type="checkbox"/> Facilities & Landscape Maintenance <input type="checkbox"/> Other _____	<p>SOH THRIFT STORE</p> <input type="checkbox"/> Cashier <input type="checkbox"/> Pricing <input type="checkbox"/> Sorting donations <input type="checkbox"/> Merchandising <input type="checkbox"/> Facilities & Landscape Maintenance <input type="checkbox"/> Other _____
<p>OFFICE NEEDS</p> <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Public Relations <input type="checkbox"/> Other _____		

PERSONAL REFERENCES:

NAME	RELATIONSHIP	TELEPHONE NUMBER
NAME	RELATIONSHIP	TELEPHONE NUMBER

IN CASE OF EMERGENCY, NOTIFY:

NAME	RELATIONSHIP	TELEPHONE NUMBER
------	--------------	------------------

Background checks may be performed including personal references. Submission of this form to The Shepherd of the Hills Humane Society indicates that I understand that I am not an employee of The Shepherd of the Hills Humane Society and that any duties I perform will be as a volunteer. I agree by the policies and procedures set forth by The Shepherd of the Hills Humane Society for my assigned duties. I also agree to update this form as needed.

SIGNATURE	DATE
-----------	------