



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  
 Adult (18+)    Junior (13 - 17)    Group    Parent-child team    Community service    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><b>ADOPTION CENTER</b></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><b>DOWNTOWN THRIFT STORE</b></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><b>OFFICE NEEDS</b></p> <input type="checkbox"/> Special Events <input type="checkbox"/> Fundraising <input type="checkbox"/> Public Relations <input type="checkbox"/> Other _____	<p><b>SOH THRIFT STORE</b></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 _____
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**PERSONAL REFERENCES:**

NAME	RELATIONSHIP	TELEPHONE NUMBER
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**IN CASE OF EMERGENCY, NOTIFY:**

NAME	RELATIONSHIP	TELEPHONE NUMBER
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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
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