

Community Service Volunteer

Name: _____ Date of Birth: _____

Address: _____

Phone: _____ Email: _____

❖ Emergency Contact: _____ Phone: _____

Name of Organization: _____ # of Hours _____

School Attended: _____ Grade: _____

I _____, Parent/Guardian of _____
give my permission for him/her to do their Community Service Hours at The Center for Animal Health and Welfare. I understand the nature of the shelter and although The Center makes every effort to ensure the safety of its volunteers I agree to **NOT** hold The Center for Animal Health & Welfare or any of its staff/board members liable in the event my child sustains injury.

Parent/Guardian Signature: _____ Date: _____

I _____, understand that it is a privilege to be able to perform my required community service hours at The Center for Animal Health & Welfare and that I must abide by The Center's policies at all times. In the event that I do not follow any one of the Center's policies I understand that I could be dismissed from the Community Service Volunteer Program.

Volunteer Signature: _____ Date: _____

Volunteer Coordinator Signature: _____ Date: _____

1) Do you have any previous shelter or rescue experience? Yes _____ No _____

* If yes please explain: _____

2) What days and hours are you able to volunteer at The Center?

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
AM	AM	AM	AM	AM	AM	AM
PM	PM	PM	PM	PM	PM	PM

3) Do you have any skills that you believe would benefit the shelter? Yes _____ No _____

* If yes please explain: _____

4) Why do you want to do your Community Service at The Center for Animal Health & Welfare?

5) Do you have any medical conditions that we should be aware of? Yes _____ No _____

* If yes please explain: _____

Volunteer Coordinators Signature: _____ Date: _____

Shelter Managers Signature: _____ Date: _____

