

Volunteer Application

Thank you for your interest in volunteering at The Center for Animal Health & Welfare. Please complete this form to express your interest in becoming a volunteer and sign up for an orientation.

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State ZIP Code

Phone: _____ Email: _____

Birth Date: _____ Occupation/Employer: _____

Emergency Contact/Phone: _____

Do you consent to a background check? Please circle YES or NO

1. Why do you want to volunteer at CAHW?

2. Do you have a special skill(s) that could benefit CAHW?

3. Which volunteer opportunities are you interested in? (check all that apply)

- | | |
|----------------------------|----------------------------|
| a. Clerical | k. Hospitality Committee |
| b. Socializing cats | l. Dog Grooming |
| c. Socializing dog | m. Dog Training |
| d. Laundry | n. Support Clinic |
| e. Dishes | o. Enrichment |
| f. General Cleaning | p. Working with the Public |
| g. Cleaning Cat Areas | q. Fostering |
| h. Cleaning Dog Areas | r. Phones |
| i. Lawn Care / Landscaping | s. Transport/Pickup |
| j. Offsite Events | t. Maintenance/Repairs |

4. Do you have any limitations that would restrict your ability to volunteer? (allergies, wheelchair, can only lift 20lbs, etc.)

5. How did you hear about us?

*** Please Note: Your information may be used for mailing or Center news and will not be share outside the organization.

The Center
for Animal Health & Welfare
Finding Forever Homes for Homeless Animals

6. Do you need to volunteer for Community Service? YES or NO

7. If **YES**, is this court mandated Community Service? YES or NO # of hours/deadline : _____

a. If **YES**, please provide the following:

Court / County Name: _____ Docket#: _____

Officer / Court Contact: _____ Phone: _____

Reason for Community Service: _____

***Please Note: A copy of your court ordered community service must be attached. All information received is strictly confidential and no records or files will be released without your permission, the only exception is the monthly reporting of your hours completed to the Officer/Court Contact listed above.

b. If **NO**, please provide the following:

Name of Organization / School you are completing services hours for:

8. If you are younger than 16, do you have a parent willing to volunteer with you?

Please sign up for one of our upcoming orientations when you turn in this form.

Thank you again for your interest!

***Please Note: If you are under 18 years old, a parent must sign off on your Volunteer Agreement either at the orientation or on your first hands on training day.