

## 5310 West Houghton Lake Road Post Office Box D Lake City, MI 49651 (231) 839-3800

## **VOLUNTEER APPLICATION/QUESTIONNAIRE**

| Have you volunteered with MHS in the past? Yes No If so, when: Po you have any conditions or allergies that may affect your ability to perform certain tasks? Yes No How did you hear about volunteering with our organization? Physical Research Why are you interested in volunteering at MHS? Physical Research Researc | Name:                  |                            |                          | Date:                  |                   |                 |
|--|------------------------|----------------------------|--------------------------|------------------------|-------------------|-----------------|
| Emergency Contact & Phone Number:  | Address:               |                            | City:                    |                        | State:            | Zip:            |
| Il volunteers under the age of 18 must have a parent co-sign the Volunteer Waiver of Liability that is attached to the volunteer pplication. If you are 12 years old or older, you may volunteer without an parent or guardian present. If you are under 12 years old ou must be accompanied by a parent or guardian.    Deccupation:  | hone:                  |                            | Cell:                    |                        | Email:            |                 |
| pplication. If you are 12 years old or older, you may volunteer without an parent or guardian present. If you are under 12 years old on must be accompanied by a parent or guardian.    Description: Highest level of education:   | re you at least 18     | years of age? Yes          | No                       | Eme                    | ergency Contact 8 | & Phone Number: |
| In a you a student volunteer? Yes No Name of School:   | pplication. If you are | e 12 years old or older, y | you may volunteer witho  |                        |                   |                 |
| Answering "yes" will not automatically disqualify you from volunteering with our organization)  Have you volunteered with MHS in the past? Yes No If so, when:  Do you have any conditions or allergies that may affect your ability to perform certain tasks? Yes No If you will not automatically disqualify you from volunteering with our organization)  Have you volunteered with MHS in the past? Yes No If so, when:  Do you have any conditions or allergies that may affect your ability to perform certain tasks? Yes No If you will you hear about volunteering with our organization?  Why are you interested in volunteering at MHS?  What personal goals do you wish to fulfill while volunteering at MHS?  CHEDULING AND AVAILABILITY:  Please circle the days and times of the week you are available to volunteer.  Monday Tuesday Wednesday Thursday Friday Saturday   | Occupation:            |                            |                          | Highest lev            | vel of education: |                 |
| Have you ever been convicted of a misdemeanor or a felony in the last 5 years? Yes No  f so, please explain:  Answering "yes" will not automatically disqualify you from volunteering with our organization)  Have you volunteered with MHS in the past? Yes No If so, when:  Oo you have any conditions or allergies that may affect your ability to perform certain tasks? Yes No  How did you hear about volunteering with our organization?  Why are you interested in volunteering at MHS?  What personal goals do you wish to fulfill while volunteering at MHS?  SCHEDULING AND AVAILABILITY:  Please circle the days and times of the week you are available to volunteer.  Monday Tuesday Wednesday Thursday Friday Saturday  | Are you a student      | volunteer? Yes             | No Name o                | f School:              |                   |                 |
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|  |                        |                            | week you are availa      | ble to volunteer.      |                   |                 |
| AM PM AM PM AM PM AM PM AM PM  | Monday                 | Tuesday                    | Wednesday                | Thursday               | Friday            | Saturday        |
|  | AM PM                  | AM PM                      | AM PM                    | AM PM                  | AM PM             | AM PM           |
|  | l prefer to volunteer  | alono mostly wii           | th animals mostly        | with neonle with       | animals and noonl |                 |

| Cleaning/Kennel Assistant/Attendant: washing and drying litter pans, food diskennels. Do expect a small amount of animal handling, this position does require a however, this position is the most important to the care and well-being of the anima generally required with this position.   | fair amount of hard work & you may get dirty;  |
|---|--|
| Dog Walking: Walk dogs around the walking trails and spend time supervising areas.  | and playing with dogs out in one of the large play   |
| Cat Cuddling/Socialization: Spend time socializing with cats and kittens in the information about their traits, personality, and activity levels. Help potential adopte kittens. Some additional training may be required.  |  |
| Transportation: Transport crated animals to and from vet clinics and other var transporting items such as donations, event supplies, etc.   | rious destinations. At times, we also are in need of   |
| Front Desk/Data Entry: Help office staff by answering phones, greeting the pu additional training is required.  | blic, performing data entry, and filing. Some  |
| Animal Ambassador: Become a Shelter Ambassador by promoting pets throu  | ghout the community. Placing adoption fliers, etc.   |
| Foster Home: Providing care to animals in your own home. Usually moms wit special needs. We provide the supplies; you provide the loving home. Separate appl completed. Must meet specific requirements and some training may be required.  |  |
| Maintenance Work: Various general building maintenance.   |  |
| Community Outreach/Education: Coordinate with our Community Outreach places in the area to give or schedule presentations from MHS on pet safety, bite pre your use.  |  |
| Friends of MHS/Fundraising: Work with our fundraising committee to help crefundraising events! There are endless possibilities such as: bake sales, donation drive Dinner, or any other ideas you can think of!   |  |
| Events: Help raise awareness and funds at special events. Put up signs and po solicit silent auction items, and other tasks involved in a specific event.   | sters, set-up/take down at events, staff tables,   |
| Do you have any special skills that we should know about? (ex. Professional groome  | er, graphic design, computer skills, etc)  |
| VOLUNTEER AGREEMENT & WAIVER OF LIABILITY: In consideration of the Missaukee Humane Society accepting my application for parelease and hold harmless the Missaukee Humane Society, its Directors, Officers, Agloss, damage, claims, liability, costs and expenses of any nature whatsoever, including disbursements, arising from or occasioned by my participation in the Missaukee Humane | gents, and Employees from and against any and all<br>ng without limitations, attorney's fees and |
| I understand there are certain risks of personal injury, death, disease and property activities on behalf of the Missaukee Humane Society, and I accept those risks.  | damage in handling the animals and other volunteer   |
| I agree that the Missaukee Humane Society may photograph my participation in the to the Missaukee Humane Society for use in its program, publications, and purposes   |  |
| I agree that my status as partially approved does not mean I am approved to volunt that I am fully approved to volunteer at Missuakee Humane Society once a check habeen completed. I have read and fully understand the terms and conditions of the willingly comply with all its conditions.  | as been approved and the required orientation has  |
| Signature:  |  |
| Print Name:   |  |
| Parent or Guardian:   | Date:  |

Print Name: \_\_\_