



## Community Service Volunteer Application

*Our mission at Stray Haven Humane Society is to ensure the protection of animals through education and service.*

Applicant Information		
Name:		Date:
Date of Birth:		Over 18:    Yes    or    No
Street Address:		
Mailing Address (if Different):		
City:	State:	Zip Code:
Phone:	Alt. Phone:	Occupation:
Email:		Employer:

Community Service Mandates
How many hours are you required to perform?
When are you required to complete your hours?
What is the name of the person/court overseeing your case?
Please briefly describe the offense for which you've been mandated to perform your volunteer hours?
_____
_____
_____

Specialized Skill/Training
Do you have any specialized training or a specific skill set that you feel could be an asset to our organization? (Ex. graphic design, woodworking, plumbing, etc.)
_____
_____

**Emergency Contact Information**

Primary Emergency Contact:

Phone:

Secondary Emergency Contact:

Phone:

Do you have pets, or other dependents at home? (Emergency personnel will be notified if necessary.)

Do you have any medical conditions, or allergies? (Emergency personnel will be notified if necessary.)

**Related Education and Experience**

Please list any educational degrees, professional programs, courses, or mentored experiences you have taken that you believe would be helpful as a volunteer with SHHS. Please include present enrollments and use an additional sheet if necessary.

Name of School	Dates Attended	Major(s)	Degree/Certification

If you are seeking credit for school mandated community service, please indicate your school, the number of required hours, and a contact person.

Contact Person:

Phone:

Have you ever volunteered with SHHS before?

Yes

No

If so, in what capacity?

Do you have other experiences with animals?

Yes

No

If so, in what capacity?

## Availability

Please check the days/times you are likely to be available to volunteer.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Mornings</b> Approx. 8am - 11am							
<b>Afternoons</b> Approx. 11am - 2pm							
<b>Evenings</b> Approx. 2pm - 5pm							

Are you interested in committing on a recurring basis, or intermittently?

Are you available on short notice?

What are your interests?

	<b>Cat Care</b>		<b>Grounds/Maintenance</b>
	<b>Dog Care</b>		<b>Photography</b>
	<b>Administrative Tasks</b>		<b>Foster</b>
	<b>Fundraising/Events</b>		<b>Surgical Recovery</b>
	<b>Transportation</b>		<b>Surgical Administrative Tasks</b>

## Additional Background and Safety Information

Your responses to these statements will not necessarily restrict you from volunteering, but rather assist the coordinator in appropriately placing you within our organization.

Have you ever been convicted of a felony? If yes, please elaborate.

Have you ever been convicted of animal neglect, or abuse? If yes, please elaborate.

Do you have a valid driver's license?                      Yes                      No

Do you have any weight lifting restrictions? If yes, please elaborate.

**Social Media Release**

I give my consent to Stray Haven Humane Society & SPCA and its employees, representatives, and authorized media organizations permission to print, photograph, and record my person for use in audio, video, film, or any other electronic, digital and printed media.  Yes  No

**Attestation and Signature**

I understand that submitting this application does not automatically register me as a volunteer for Stray Haven, and that there are certain qualifications I must meet.

1. Complete the application fully and accurately.
2. Submit the application to Stray Haven.
3. Attend an orientation as scheduled by the Volunteer Coordinator.
4. Read and become familiar with any/all training materials.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Office Use ONLY**

Received by: \_\_\_\_\_ Date: \_\_\_\_\_

Volunteer Coordinator Approval: Yes / No Initial: \_\_\_\_\_ Date: \_\_\_\_\_

**First Attempt:**  
Contacted by phone / email on: \_\_\_\_\_

Schedule for Volunteer Orientation on: \_\_\_\_\_

**Second Attempt:**  
Contacted by phone / email on: \_\_\_\_\_

Schedule for Volunteer Orientation on: \_\_\_\_\_