



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 <input type="checkbox"/> Adult (18+) <input type="checkbox"/> Junior (13 - 17) <input type="checkbox"/> Group <input type="checkbox"/> Parent-child team <input type="checkbox"/> Community service <input type="checkbox"/> Other _____	DATE OF BIRTH
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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)**ADOPTION CENTER**

- Dog walking
 Cat socialization
 Cleaning
 Organizing
 Animal care / Cleanup
 Adoption Events
 Facilities & Landscape Maintenance
 Volunteer Dog Trainer
 Veterinary Transport
 Educational Programs
 Laundry
 Other _____

DOWNTOWN THRIFT STORE

- Cashier
 Pricing
 Sorting donations
 Merchandising
 Facilities & Landscape Maintenance
 Other _____

OFFICE NEEDS

- Special Events
 Fundraising
 Public Relations
 Other _____

SOH THRIFT STORE

- Cashier
 Pricing
 Sorting donations
 Merchandising
 Facilities & Landscape Maintenance
 Other _____

PERSONAL REFERENCES:

NAME	RELATIONSHIP	TELEPHONE NUMBER
NAME	RELATIONSHIP	TELEPHONE NUMBER

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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