

OFFICE USE:

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| <input type="checkbox"/> | <input type="checkbox"/> |
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Volunteer and Make a Difference

LONGMONT HUMANE SOCIETY

VOLUNTEER APPLICATION



Today's Orientation Date: _____

Please fill in all blanks completely and clearly. If we can't read it, we can't reach you to volunteer.

Name: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Home Address: _____ City: _____ Zip: _____

Occupation: _____ Work Phone: _____

Employer: _____ City: _____

Emergency Contact: _____ Phone: _____

Relationship: _____

Some of our programs require that you use your own vehicle:

Do you have a valid driver's license and access to a vehicle? YES NO

Is the vehicle covered by liability insurance? YES NO

Are you willing to transport animals or donations in your vehicle? YES NO

Excluding traffic violations, have you ever been convicted of any criminal offense? YES NO

If yes please explain: _____

Please number the top three activities below that interest you the most, #1 being of highest interest to you.

- | | |
|--|--|
| <input type="checkbox"/> Ask Me | <input type="checkbox"/> Outreach Committee |
| <input type="checkbox"/> Clerical Help – Admin. Offices | <input type="checkbox"/> Photography/Videography |
| <input type="checkbox"/> Clerical Help – Intake Desk | <input type="checkbox"/> Shelter Clinic |
| <input type="checkbox"/> Clerical Help – Volunteer Dept. | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> Clerical Help – Well Pet Clinic | <input type="checkbox"/> TLC – Feline Friends |
| <input type="checkbox"/> Facility Maintenance | <input type="checkbox"/> TLC – Dog TLC |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> TLC – Small Paws |
| <input type="checkbox"/> Kennel Cleaning – Cats | <input type="checkbox"/> TLC – T.E.A.M. |
| <input type="checkbox"/> Kennel Cleaning – Dogs | <input type="checkbox"/> Thrift Store |

Please turn over and complete questionnaire

How did you hear about the LHS volunteer program, and what made you interested in volunteering for LHS? _____

What special skills, training or hobbies do you have to offer as a volunteer for LHS?

How would you like to use these skills to help LHS through volunteering? Please describe:

Have you ever volunteered before? _____ If so, for what organization(s)? What was your role?

Are you still volunteering there? _____ If not, why did you leave the organization?

Tell us about any companion animals in your life: _____

I confirm that all information supplied on this application is true and correct.

Signature _____ Date _____

Please turn in at Orientation – not before

If you have any questions, please contact our Volunteer Department at
303-772-1232, ext. 243 or
volunteers@longmonthumane.org

Thank you for your interest in and support of Longmont Humane Society.