

Parke Vermillion County Humane Society

Volunteer Application

(Please Print or Type)

Date:

Name:

Current Mailing Address

Street Address:

City: State: Zip Code:

Phone Number: Cell Number:

Permanent Mailing Address

Email Address:

Street Address:

City: State: Zip Code:

Phone Number: Date of Birth:

Are you licensed and able to drive an automobile? Type of License?

Current Occupation:

Employer:

Street Address:

City: State: Zip Code:

Phone Number: Is it acceptable to contact you at work?

Educational Background

Emergency Contact Information

Name: Relationship:

Phone Number: Cell Number:

Street Address:

City: State: Zip Code:

Previous Volunteer Experience

Why are you interested in volunteering with Parke Vermillion County Humane Society?

Summarize your experience with animals.

Areas of Interest: Please check any that apply

<input type="checkbox"/>	Animal Training / Socialization	<input type="checkbox"/>	Bathing/Grooming	<input type="checkbox"/>	Cat Care at Petsmart	<input type="checkbox"/>	Cleaning Cages	<input type="checkbox"/>	Communications
<input type="checkbox"/>	Correspondence	<input type="checkbox"/>	Fundraising	<input type="checkbox"/>	Grounds Keeping	<input type="checkbox"/>	Landscaping	<input type="checkbox"/>	Mowing
<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Organizing	<input type="checkbox"/>	Photography	<input type="checkbox"/>	Public Relations	<input type="checkbox"/>	Scheduling
<input type="checkbox"/>	Walking dogs	<input type="checkbox"/>	Other	<input type="text"/>					

Availability: Please check any that apply - Preferred days and times

	Monday		Morning		Afternoon		Evening	
	Tuesday		Morning		Afternoon		Evening	
	Wednesday		Morning		Afternoon		Evening	
	Thursday		Morning		Afternoon		Evening	
	Friday		Morning		Afternoon		Evening	
	Saturday		Morning		Afternoon		Evening	
	Sunday		Morning		Afternoon		Evening	

Hours per week

4 or less	5 to 10	More than 10
-----------	---------	--------------

***Safety is our number one priority for animals, staff and volunteers.** Due to certain risks inherent in handling animals, personal health insurance coverage is required to volunteer at the Parke Vermillion County Humane Society. Do you have personal health coverage?

Are you able to do heavy lifting, repeated bending or extensive walking?

Do you have any known allergies? If yes, please list.

Optional: Do you have any medical conditions you would like us to be aware of?

If yes, please describe:

References: Please list two references that are not related to you.

Name:		Phone Number:	
Relationship:		Alternate Number:	
Name:		Phone Number:	
Relationship:		Alternate Number:	

How did you hear about us?

Any additional comments?

Do you have any unique talents / abilities?

Have you been convicted of, or plead no contest to, a felony in the past 7 years?

If yes, please explain:

Conviction may not necessarily disqualify you from volunteering. We may conduct a background check, and if you do not provide complete and truthful information, you could be rejected or terminated.)

Signature: _____ **Date:** _____

Please email this application to www.pvchs@joink.com with "Volunteer Application" in the subject line. You may also print the application and either bring it with you when you visit our shelter or you may mail the application to Parke Vermillion County Humane Society, PO Box 155, Clinton, Indiana 47842