

VENANGO COUNTY HUMANE SOCIETY
286 South Main Street, Seneca, Pa 16346



Volunteer Application/Info Sheet
(Please complete and return to above address,
Attn: Katie Parsh)

Name: _____ Date: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Employer: _____

Occupation: _____

If not over 16 years old, please indicate your age: _____

To work with the animals, you will be required to complete volunteer orientation. You must be at least 10 years of age and if you are under 16 years of age, an adult who also attended volunteer orientation must accompany you.

What pets do you have now, if any? _____

Are they spayed or neutered? _____

Volunteering may require constant contact with the general public. How do you feel about interacting with all types of people? _____

What talents and areas of expertise would you share with us as a volunteer?

Are you comfortable taking direction from others? (Circle one): Yes No

Do you have any physical or medical limitations? (Heart condition, seizures, mental illness, allergies, back injury, diabetes, etc.)

There are many ways to volunteer. All are important to us. Please check the volunteer programs you are interested in:

- | | | |
|--|---|--|
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Clerical | <input type="checkbox"/> Phone Communication |
| <input type="checkbox"/> Dog Socialization | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Animal Transportation |
| <input type="checkbox"/> Events | <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Web Design/Maintenance |
| <input type="checkbox"/> Laundry | <input type="checkbox"/> Grooming | <input type="checkbox"/> Spay/Neuter Clinic |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Baking/Sewing - Events | <input type="checkbox"/> Animal Visitation (hospitals etc) |
| <input type="checkbox"/> Gardening/Landscape | <input type="checkbox"/> Photography - Events | <input type="checkbox"/> Thrift Store |

Other (please specify): _____

How much time would you anticipate spending volunteering with VCHS? (Weekly, biweekly):

Please indicate the days of the week and hours that you would be available to volunteer. We will try to accommodate you as best we can:

NOTE: Dog/Puppy and Cat/Kitten companions from noon - 4:30 p.m.

When will you be ready to begin volunteering? _____

In case of an emergency, whom should we notify?

Name: _____ Phone: _____ Relationship: _____

NOTE: Failure to disclose any information or misconduct will result in immediate dismissal.