



Volunteer Application

Name: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Email: _____
Age: _____ Birth Date: _____
If under 18 years of age, name of parent or guardian: _____

Please check which days/times you are available to volunteer:

- | | | |
|---|---|--|
| <input type="checkbox"/> Monday between 9- noon | <input type="checkbox"/> Monday noon-3pm | <input type="checkbox"/> Monday 3-6pm |
| <input type="checkbox"/> Tuesday between 9-noon | <input type="checkbox"/> Tuesday noon-3pm | <input type="checkbox"/> Tuesday 3-5pm |
| <input type="checkbox"/> Wednesday 9-noon | <input type="checkbox"/> Wednesday noon-3pm | <input type="checkbox"/> Wednesday 3-5pm |
| <input type="checkbox"/> Thursday 9-noon | <input type="checkbox"/> Thursday noon-3pm | <input type="checkbox"/> Thursday 3-6pm |
| <input type="checkbox"/> Friday 9-noon | <input type="checkbox"/> Friday noon-3pm | <input type="checkbox"/> Friday 3-6pm |
| <input type="checkbox"/> Saturday 9-noon | <input type="checkbox"/> Saturday noon-3p, | <input type="checkbox"/> Saturday 3-5pm |
| <input type="checkbox"/> Sunday 8-12am | <input type="checkbox"/> Sunday 12-2pm | |

Please RANK in order of preference which activities you are interested in?

- _____ Cat socialization: Working with the cats to socialize them helps relax and de-stress while at the shelter. Also, some cleaning of their cages to keep them comfortable.
- _____ Dog Walking: Walking of adult dogs and old puppies to ensure they receive their daily exercise and socialization.
- _____ Beautification: Volunteers help with cleaning, laundry, and organization of supplies, pick up supplies, cleaning the grounds, water plants, weeding and planting on the grounds.
- _____ Special Events/
publicity: Assist with adopt-a-thons, fund raising/publicity, events such as dog walk, Santa photos, parades, golf tournaments, humane education, etc.
- _____ Foster care: caring for orphaned, injured, abandoned or ill animals until they can be put up for adoption. A separate application will need to be filled out.
- _____ Pet Therapy: Visit residents in area nursing homes, assisted living centers, retirement villages, hospitals, etc
- _____ Desk Assistant/
Greeters: Helps with answering phones, takes messages, provides basic information about the pet and takes them in to the "get acquainted area" to visit with potential adopters.
- _____ Office Assistant: Files input data on pet intakes and adoptions, type, update archives (clippings and photos), prepare mailings and stuffing envelopes, input data on computer.

1. As a Humane Society volunteer you are required to commit a minimum of four hours per month for a minimum of six months to the shelter, do you feel you are able to make and keep this commitment?

2. What do you feel are some of your greatest strengths? _____

3. Do you have any situations or health issues the shelter should be aware of (Please explain)?

4. Where you ever or are you now actively involved with any other non-profit, community or religious organizations (If yes, please list organization)? _____

5. Please rate yourself on a scale of one to five, with one being poor and five being excellent, on the following areas:

- _____ Punctuality
- _____ Dedication
- _____ Character
- _____ The quality of work you do
- _____ Interpersonal skills and customer service
- _____ Dependability
- _____ Self-motivation

6. Would you consider yourself outgoing or shy? _____

7. Please list any hobbies, skills or extra curricular activity you enjoy. _____

8. Have you ever been convicted of a crime (if yes, please explain)? _____

9. How do you feel about spaying or neutering pets? _____

10. Are there any animals you are uncomfortable working with (i.e. large dogs, etc)? _____

11. Are you allergic to any animals or chemicals such as bleach, quat, etc.? _____

12. Do you have any specific training pertaining to the care of pets (i.e. obedience instructor, grooming, veterinarian, etc)? _____

13. Do you understand that the Chautauqua County Humane Society is a no need to kill Shelter, that we do still euthanize animals if they are not healthy and friendly. However we do not euthanize for space. Please explain your feeling regarding euthanasia? _____

14. Please tell us about yourself and why you would like to volunteer at the shelter. _____

15. How did you hear about the volunteer program? _____

Please read through and initial the following...

1. I understand the “volunteer Visitor Policy” in that, I may only bring visitor during non-volunteer visit, during normal business hours(when the shelter is open for viewing), and I am only showing them around the public areas of the building. Please initial here: _____
2. I understand the importance of the minimum time commitment; 4 hours per month for 6 months. Should I find the nature of this volunteer work is not what I expected, or I can not fulfill my commitment –I will contact the volunteer Coordinator so she may un date her records. The volunteer Coordinator may pull me form a program if I do not follow the protocol for the animals safety and mine. Please initial here: _____
3. I understand the bi-monthly volunteer newsletter is emailed to volunteers provided your email is current. If you do not have email it is up to you to pick up a copy of the newsletter at my desk. The Volunteer Coordinator will post on the volunteer information board when the new one is out. It is my responsibility to read the newsletter to stay informed about the volunteer program. Please initial here: _____
4. I understand it is recommended that I have an up to date Tetnus vaccine, in the chance I may be bitten or scratched. This is not a requirement to volunteer, but strongly advised. Tetnus vaccines need to be up dates every ten years. It may be obtained by my physician- at my own expense. Please initial here: _____
5. I understand that as a volunteer for the Chautauqua County humane Society. I will be working with animals with unknown and unpredictable characteristics and dispositions, and will be subjecting myself to various work conditions. I hereby assume the risk of any injury that may result from my volunteer services at Chautauqua County Humane Society. By signing this application: I, intending to be legally bound for myself, my heirs, executors and administrators, release the Chautauqua County Humane Society, its officers, directors and staff from any and all rights and claims For damages I may have arising out of any injuries or illnesses suffered by myself or my pets incidental to my voluntary services. Please initial here: _____

Signed: _____
Parent/guardian Signature if under 18: _____
Date: _____

The Chautauqua County Humane Society reserves the right to decline any volunteer application for any reason. This may include, but is not limited to any area where there is conflict of interest.

Remit to: Chautauqua County Humane Society
2825 Strunk Road
Jamestown, NY. 14701
716-665-2209 ext 205

OR Scan and email application to: sbloom@spcapets.com.
OR Fax to 716-665-2615