



Animal Rescue League of New Hampshire - North Community Service Information Form

About You

Name: _____ Today's Date: _____

Street Address: _____

City/State/Zip: _____

Best Telephone: _____ Birth Date: _____

E-mail Address: _____

Emergency Contacts

Primary Contact Name: _____ Relationship: _____

Phone: (H) _____ (W) _____

About your required service

What was your offense? _____

How many hours do you need? _____

When must your time be completed? _____

Who should we call if we have questions about your service requirements? _____

When are you available? Please enter times under the days you are available:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

13. Have you ever been charged or convicted of:

- **Sexual assault, indecent exposure, or sexually explicit conduct against a child or adult?** Yes No
- **Assault, criminal threatening, or reckless conduct?** Yes No
- **Unauthorized entry, robbery, theft, or fraud?** Yes No

14. Have you ever been investigated for or convicted of animal cruelty, hoarding, neglect, or abuse? Yes No

ARLNH Volunteer Signature

Date

Volunteer Parent/Guardian if under 18 years of age

Date