



Animal Rescue League of New Hampshire - North Volunteer Application

The Animal Rescue League of New Hampshire – North volunteers are the heart of our organization. We could not run this shelter without the many wonderful people who have so generously donated their time and talents to support our mission and all the animals coming through our doors. We are committed to making your time as a volunteer a productive, educational, and rewarding experience. The donation of your time is the most valuable gift you can give and we thank you for it!

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) _____

<p>1. Safety is of utmost concern. Do you have any conditions or allergies (such as pet, bee, latex, or nuts) that may limit your involvement as a volunteer with the ARLNH - North?</p> <p>If yes, please describe and what will you do to ensure your comfort while volunteering:</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>2. Are you presently employed?</p> <p>If yes, please list the company name: _____</p> <p>Address: _____</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>3. Is your volunteer service to fulfill school/community service, court diversion, or college requirements?</p> <p>If yes, please describe: How many hours?</p>	<input type="checkbox"/> Yes <input type="checkbox"/> No												
<p>4. How did you hear about our volunteer program?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;"><input type="checkbox"/> Walk In</td> <td style="width: 33%;"><input type="checkbox"/> Conway Daily Sun</td> <td style="width: 33%;"><input type="checkbox"/> Mountain Ear</td> </tr> <tr> <td><input type="checkbox"/> VolunteerMatch</td> <td><input type="checkbox"/> VolunteerNH</td> <td><input type="checkbox"/> Our Website</td> </tr> <tr> <td><input type="checkbox"/> Word of Mouth</td> <td><input type="checkbox"/> Current Volunteer</td> <td><input type="checkbox"/> Staff Person</td> </tr> <tr> <td colspan="3"><input type="checkbox"/> Other (please describe): _____</td> </tr> </table>		<input type="checkbox"/> Walk In	<input type="checkbox"/> Conway Daily Sun	<input type="checkbox"/> Mountain Ear	<input type="checkbox"/> VolunteerMatch	<input type="checkbox"/> VolunteerNH	<input type="checkbox"/> Our Website	<input type="checkbox"/> Word of Mouth	<input type="checkbox"/> Current Volunteer	<input type="checkbox"/> Staff Person	<input type="checkbox"/> Other (please describe): _____		
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<p>5. Describe your experience or knowledge of animals:</p>													
<p>6. Describe any present and previous volunteer experiences:</p>													
<p>7. What are some of your hobbies and interests?</p>													



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8. Please check your special skills, training, or list any related skill(s) you can offer:

- | | | |
|--|---|--|
| <input type="checkbox"/> Animal Care | <input type="checkbox"/> Artwork/Graphics | <input type="checkbox"/> Carpenter/Painting |
| <input type="checkbox"/> Dog Handling Skills | <input type="checkbox"/> Fundraising | <input type="checkbox"/> Professional Grooming |
| <input type="checkbox"/> Landscaping | <input type="checkbox"/> Public Relations | <input type="checkbox"/> Public Speaking |
| <input type="checkbox"/> Teaching | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Web Page Maintenance |

9. Why do you want to volunteer at the ARLNH - North?

10. What are your expectations of volunteering at the ARLNH - North?

11. Please check the volunteer position(s) you are interested in:

Volunteer Position	Requirements	Hours Needed
<input type="checkbox"/> Dog Walking	17 years of age Dog Handling & Sanitation Training	Scheduled Shifts 7 days/week
<input type="checkbox"/> Cleaning Dog Kennels	Dog Handling & Sanitation Training	8:30 am – 11 am 7 days/week
<input type="checkbox"/> Cleaning Cat Cages	Sanitation Training Cat Handling Training	8:30 am until done 7 days/week
<input type="checkbox"/> Greeting the Public	Excellent customer service skills	Public hours
<input type="checkbox"/> Adoption Counseling (Must be 18 years of age)	18 years of age Adoption Counseling Training Cat Handling, Dog Handling, and Sanitation Training	Public hours
<input type="checkbox"/> Special Events Committees	Excellent customer service and organizational skills	Varies depending on need
<input type="checkbox"/> Enrichment Committee	17 years of age, Dog Handling, Cat Handling, Sanitation Training	Varies depending on need
<input type="checkbox"/> Foster Care	Foster Care Training	Varies depending on need
<input type="checkbox"/> Off-site Information Booths and Education	Excellent customer service skills Understanding of ARLNH	Varies depending on need
<input type="checkbox"/> Landscaping	Working knowledge of grounds maintenance	Weekly
<input type="checkbox"/> Grounds Poop Patrol	None	Daily
<input type="checkbox"/> Shelter Closer	Animal Handling & Sanitation Training	Last two hours ARLNH - North is open, 7 days/week
<input type="checkbox"/> Odds and Ends (Laundry, data entry, anything else that needs to be done that day)	Depends on job	Daily
<input type="checkbox"/> Thrift Shop	Customer Service	10am – 3pm, Daily



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12. Volunteer Schedule

All volunteers are scheduled. We depend upon this schedule to make everything run smoothly. We can be flexible with other commitments or jobs, but it helps to know your availability. Please enter the times under the days that you will be available to volunteer:

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? q Yes q No

§ Assault, criminal threatening, or reckless conduct? q Yes q No

§ Unauthorized entry, robbery, theft, or fraud? q Yes q No

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

ARLNH Volunteer Signature

Date

Print Name

Volunteer Parent/Guardian if under 18 years of age

Date

Print Name

OFFICE USE ONLY

Orientation Date _____ Active Vol Date _____

Assigned Position _____ Date _____ Trainer _____

Assigned Position _____ Date _____ Trainer _____

Assigned Position _____ Date _____ Trainer _____

Notes: