



## Volunteer Application

Thank you for your interest in volunteering with Conway Area Humane Society. Volunteers play a vital role in our organization. We look forward to your hopefully joining our team to help homeless animals!

Date\_\_\_\_\_

Last Name\_\_\_\_\_ First Name\_\_\_\_\_ MI\_\_\_\_\_

Mailing Address\_\_\_\_\_

Physical Address\_\_\_\_\_

Home Phone\_\_\_\_\_ Cell Phone\_\_\_\_\_

Email address\_\_\_\_\_ Date of Birth\_\_\_\_\_

Emergency Contact\_\_\_\_\_ Relationship\_\_\_\_\_

Emergency Contact Phone\_\_\_\_\_ Alternate Phone\_\_\_\_\_

Have you worked or volunteered for CAHS before? (Check) Yes No

If so, when and in what capacity?\_\_\_\_\_

Have you ever been charged with or convicted of a crime? (Check) Yes No

If so, what crime(s) and what was the outcome?\_\_\_\_\_

\_\_\_\_\_

Have you ever been investigated for, charged with or convicted of animal cruelty, hoarding or neglect?

\_\_\_\_\_

Have you been court ordered to do community service? (Check) Yes No

\*Please note that court ordered community service cannot be done through our traditional volunteer program. Please speak with the volunteer coordinator to discuss your options.

Safety is of utmost concern. Do you have any allergies or conditions that may limit your involvement as a volunteer with CAHS? If so, please describe\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

Are you currently enrolled in high school or college? (Check) Yes No

If yes, what is the name of your school \_\_\_\_\_

(Check last year completed)

High School:1 2 3 4 College:1 2 3 4 Graduate School:1 2 3 4

How did you hear about the volunteer program at Conway Area Humane Society?

\_\_\_\_\_

Do you have experience working with animals? (Check) Yes No

If so, please describe \_\_\_\_\_

\_\_\_\_\_

Please describe any volunteer experience that you have \_\_\_\_\_

\_\_\_\_\_

Do you have any pets? (Check)Yes No Are they spayed or neutered? (Check)Yes No

What do you hope to gain by volunteering for CAHS? \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT**

Are you presently employed? (Check)Yes No If yes, where do you work? \_\_\_\_\_

\_\_\_\_\_

What is your position and describe the work

\_\_\_\_\_

Please list 3 references and their phone numbers. At least one should be other than a friend or relative:

1) \_\_\_\_\_

2) \_\_\_\_\_

3) \_\_\_\_\_

List any special skills or hobbies \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Volunteering at Conway Area Humane Society**

CAHS requires volunteers to make the commitment of working one partial day each week for a minimum of 3 months. Volunteers under the age of 16 must be part of our Junior Volunteer Program in which they volunteer with a parent or guardian (both must fill out an application). Volunteers aged 16-17 must volunteer supervised for 3 months or until we can assess their ability to work independently.

**Areas of Service**

*Please indicate below which volunteer opportunity you are most interested in, rating them in order from 1-5, with 5 indicating 'least interested' (leave blank if not interested at all).*

**Entry Level:**

\_\_\_\_\_ **Cat Room Assistance**-Assist staff with the daily cleaning of cat areas, socialize the cats, help with laundry and dishes

\_\_\_\_\_ **Dog Walking**-Walk dogs on leash on the shelter grounds and exercise in our fenced yards, providing training and socialization

\_\_\_\_\_ **Dog Kennel Assistance**-Assist staff with daily cleaning of kennels, help with laundry and dishes

\_\_\_\_\_ **Maintaining Dog Park**-ensuring dog park is cleaned up and safe for the dogs

\_\_\_\_\_ **Fundraising Assistance**-Provide assistance with fundraising and marketing

\_\_\_\_\_ **Maintenance**-Landscaping (mowing lawn, weeding, etc). general facility maintenance

\_\_\_\_\_ **Odds and Ends**-Assist with laundry, dishes, filling kongs, sweeping, etc

\_\_\_\_\_ **Outreach and Events Assistance**-Participate in community events to promote and support CAHS' work and mission

\_\_\_\_\_ **Office Assistance**-Provide administrative support to CAHS staff with data entry, filing and paperwork

**Experienced Volunteers (Minimum 3 months of volunteering for CAHS and specialized training):**

\_\_\_\_\_ **Foster Care**-Provide temporary housing and care for animals who need extra time/TLC

\_\_\_\_\_ **Adoptable Animal Exposure**-Take adoptable animals out in the community for exposure

\_\_\_\_\_ **Veterinary Clinic Assistance**-Assist the medical team with various tasks in the medical clinic

\_\_\_\_\_ **Shelter Greeter**-Greet the public in our adoption area (excellent customer service skills)

\_\_\_\_\_ **K9 Mountaineering Program**-Pick up a shelter dog for a day of outdoor adventure together

\_\_\_\_\_ **Transports**-Drive the CAHS van down to pick up a group of animals transported from another area

**Availability**

What is your availability to volunteer at CAHS? Please specify days and times.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

All the information on this application is true and is given in good faith.

\_\_\_\_\_  
Signature of applicant (and Parent/Guardian if under 18) Date

