

# Calhoun County Humane Society

201 Stringham Rd.

P.O.Box 1505

Port Lavaca, TX. 77979

361-553-8916

## VOLUNTEER APPLICATION

Today's Date \_\_\_\_\_

Name \_\_\_\_\_ Birth Date \_\_\_\_\_  
Address \_\_\_\_\_ Drivers License Number \_\_\_\_\_  
City \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

In cases of emergency, whom should we contact? Name \_\_\_\_\_  
Relationship \_\_\_\_\_ Phone \_\_\_\_\_ Cell \_\_\_\_\_

How did you hear about the CCHS volunteer program? \_\_\_\_\_

Do you have any experience as a volunteer? Yes No

If yes, what organization? \_\_\_\_\_

If you no longer volunteer, why did you leave? \_\_\_\_\_

Do you have any physical, medical limitations, or allergies? \_\_\_\_\_

Please select days and times that indicates your availability to volunteer:

Monday am / pm    Tuesday am / pm    Wednesday am / pm    Thursday am / pm  
Friday am / pm    Saturday am / pm    Sunday am / pm    ANY day

Are you available regularly each week? Yes No Explain \_\_\_\_\_

How much time would you like to volunteer with us? \_\_\_\_\_

Please indicate your area of interest by placing a checkmark in the blank:

<input type="checkbox"/> Direct Animal Care	<input type="checkbox"/> TLC (walking and bathing only)
<input type="checkbox"/> Adoption Office	<input type="checkbox"/> Mobile Adoption
<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Special Events
<input type="checkbox"/> Clerical	<input type="checkbox"/> Digital Photography
<input type="checkbox"/> Website Design/Computer Skills	<input type="checkbox"/> Other Explain _____

Signature \_\_\_\_\_

**VOLUNTEERS MUST BE 18 TO PERFORM SERVICES AS DESCRIBED FOR CCHS OR HAVE THEIR LEGAL GUARDIAN'S SIGNATURE FOR APPROVAL. CCHS IS NOT LIABLE FOR ANY ACCIDENTS OR INJURIES.**

Legal Guardian's Signature \_\_\_\_\_

Date \_\_\_\_\_