



VOLUNTEER APPLICATION

Oconto Area Humane Society and Animal Shelter

Date: _____

Last Name: _____ First Name: _____ Middle: _____

Street Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____

E-mail address: _____

May we contact you regarding other activities/shelter assistance? _____

Date of Birth: _____ (volunteers are required to be 15 years of age or accompanied by a parent/guardian at all times. Unfortunately, those under 18 will not be able to work directly with the animals.)

Employer/School _____

Emergency Contact _____ Phone # _____

I am volunteering because: School Requirement _____ Group Activity/Event _____
Retirement _____ Other _____
Extra Free Time _____

How did you learn about volunteering for OAHS? _____

Interested in working with: Cats _____ Fundraising/Special Events _____
Dogs _____
Other (please specify) _____

I agree to participate in the volunteer program activities with the Oconto Area Humane Society and Animal Shelter (OAHS). In the event of an emergency I hereby give permission to the physician sought by the OAHS to hospitalize and/or secure proper treatment. I hereby agree that the OAHS shall not be held responsible for injury, accident and/or sickness to myself that may occur in connection with the volunteer program.

Signature _____ Date _____

Signature of parent/guardian if under 18 _____ Date _____

Please note: We are not an approved site for court ordered community service. We perform background checks on all potential volunteers. Unfortunately, we are unable to accept any persons with a record of abuse or drug related convictions. Other criminal convictions may not necessarily bar you from any volunteer service, all factors will be taken into consideration. Falsification of this form will sever volunteer service.

Approved / Disapproved Staff Initials _____ Date Contacted: _____ Staff Initials _____