

## **Volunteer Application**

Name:		Today's Date:		
Email Address:		Date of Birth:		
Address:	City:	State:	Zip:	
Legal Guardian:				
(If under 18 years of age)	Relationship:		Phone:	
Address:				
Employment/School Name:				
Home Phone:	Work:		Cell:	
In case of Emergency, Please Notify:				
Relationship to Volunteer:		Phone Number:		
Ways you may be able to help:				
Office work (typing, copies, etc.)	Fundraising		Dog Walking	
Photography	Cat Care		Outreach	
Arts & Crafts	Dog Training		Cleaning	
Do you have any physical, medical or psyc disabilities, back injuries, epilepsy, etc.) If	-	bilities? (i.e., he	eart condition, mental illness, learning	
Why are you Volunteering at Humane Soc	iety of the Ochocos?			
To help homeless animals		Community	service credit (through school)	
Court mandated community service	9	Other		
Placement w/Vocational Counselor	or Case Manager			

If volunteering with a vocational counselor or case manager, how many hours? \_\_\_\_\_\_ Please list the following:

 Name:\_\_\_\_\_
 Phone Number:\_\_\_\_\_
 Company:\_\_\_\_\_

Please list any previous volunteer experience:

Agency	Activity	Dates