



Volunteer Application

Name _____ Nickname _____
 First Last MI

Address _____

Home Phone _____ Cell Phone _____

E-mail _____ Date of Birth _____

(To keep time and costs down the shelter prefers to e-mail event notifications and new volunteer opportunities please let us know if this doesn't work for you.)

Emergency Contact _____ Phone _____

How did you hear about the volunteer program at the Humane Society of Otter Tail County? _____

Do you have experience working with animals? Please describe _____

Do you have pets of your own? What kinds? Are they spayed/neutered? _____

Describe any present or previous volunteer work you have done _____

Why do you want to volunteer for our organization? _____

List any special skills, training, or hobbies _____

Please indicate which of the following volunteer opportunities you are interested in:

Dogs Fundraising Animal Transport Special Events

Cats Cleaning Other

Are there any duties you would prefer *not* to do? _____

Please indicate the time(s) you are available to volunteer:

Monday _____ Tuesday _____
Wednesday _____ Thursday _____
Friday _____ Saturday _____

Do you suffer from any medical restrictions that would prohibit you from performing functions of this position? Please describe _____

Have you had a tetnus shot within the past 7 years? No Yes

Did a current volunteer recommend you volunteer at the Humane Society of Otter Tail County? No Yes

If yes, please list their name so we may thank them _____

We would be very interested in any further information, comments, or questions you may have _____

Please list one non-family member personal reference and phone #

I give permission to the Humane Society of Otter Tail County to verify any information given above.

Volunteer Signature Date

Parent Signature (Required for volunteers under 18 years old) Date

Staff Use Only

Interviewed by: _____ Date: _____

Approved _____ Declined _____ Fee Paid _____