

OFFICE USE:

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CARD	CASH	CHECK

Volunteer and Make a Difference

LONGMONT HUMANE SOCIETY

ADULT VOLUNTEER APPLICATION



Paperwork and clipboards will be collected at the end of orientation

Personal Contact Information:

Today's Orientation Date: _____

Please fill in all blanks completely and clearly. If we can't read it, we can't reach you!

First and Last Name: _____

Home Address: _____ City: _____ Zip: _____

Email Address: _____

Home Phone: _____ Cell Phone: _____

Tell us a little more about yourself!

What special skills, training, hobbies, or second languages do you have to offer as a volunteer for LHS?

Have you volunteered somewhere else previously? Where and for how long?

Other than minor traffic offenses, have you ever been convicted of a criminal offense?

Date of birth if you would like us to know your birthday ☺ ____/____/____

I confirm that all information supplied on this application is true and correct.

Signature _____ Date _____

*Thank you for your interest in and support of
Longmont Humane Society!*

Please Select Your Primary Volunteer Assignment (please only mark **one**)

Desk Volunteers	Clinic Volunteers	Animal TLC
___ Visitation Coordinator	___ Administrative Assistant	___ Animal TLC
___ Administrative Support	___ Afternoon Cleaning	___ Kennel Help
___ Adoption Assistant	___ Surgical Assistant	CIRCLE CHOICE:
___ Intake Desk	___ Vet Assistant	Cats Dogs

Emergency Contact: _____ Phone: _____

Relationship: _____

Additional as-needed positions (you may select as many as you would like)

We will cover all of these (and many more) during the orientation

Please let us know if you have questions, and Welcome to the team!

for these options you'll be added to a specific email list and contacted when we have a need

___ Facility Maintenance Russell emailed

___ Fleece for Furry Friends

___ Foster Home Inspector Kristin emailed

___ Special Events

___ Thrift Store Misha emailed

___ Transport

1) Do you have a valid driver's license and access to a vehicle? _____

2) Is the vehicle covered by liability insurance? _____

OFFICE USE:	
<input type="checkbox"/>	ENTERED
_____	INITIALS
_____	DATE