



For Shelter Staff Use Only:

Date:_____ **Initial:**_____

EASTSHORE HUMANE ASSOCIATION, INC.
P.O. Box 320 -1100 Park Street
Chilton, WI 53014
Telephone/Fax: (920) 849-2390
E-Mail: ehashelter@gmail.com

VOLUNTEER APPLICATION

Last Name	First Name	Middle Initial	Home Phone (or Cell) No.
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Street Address (If P.O. Box, Please give street name)	Work Phone No.
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City	State	Zip Code	County
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Are you a student? YES NO

School	What Year
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Are you employed outside the home? YES NO

Occupation/Employer

How is your health? Excellent Good Poor

Any health problems or medications we should be aware of? YES NO

If Yes, Please explain: _____

Previous work experience:

Previous volunteer experience:

Related education, special training, and/or skills:

Describe any experience you may have had caring for animals:

Do you have any pets at home? YES NO

If Yes, what type of pets do you have? _____

Are you their primary caregiver? YES NO

What volunteer opportunities interest you?

- Adoption Follow-Up
- Animal Caregiver
- Clean Cat Cages
- Clean Dog Kennels
- Education Instructor
- Foster Care
- Errands/Pick Up Supplies
- Shelter Maintenance
- Special Events
- Volunteer Coordinator
- Visiting Pet Program

Volunteers are needed during the following hours at the shelter:

Monday, Tuesday, Friday.....9:00 a.m. to 5:00 p.m.
 Wednesday..... 9:00 a.m. to 12:00 noon
 Thursday..... 9:00 a.m. to 6:00 p.m.
 Saturday.....7:00 a.m. to 3:00 p.m.
 Sunday..... 9:00 a.m. to 12:00 noon

What days and times can we count on you to be at the shelter?

<u>Day</u>	<u>From</u>	<u>To</u>	
Monday	_____	_____	Other _____
Tuesday	_____	_____	
Wednesday	_____	_____	
Thursday	_____	_____	
Friday	_____	_____	
Saturday	_____	_____	
Sunday	_____	_____	

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Waiver of Liability

Name (Please Print) _____

The above named person has agreed to participate in the volunteer program activities with Eastshore Humane Association, Inc. In the event of an emergency, I hereby give permission to the physician selected by Eastshore Humane Association, Inc. to hospitalize, and/or secure proper treatment for the person named above. Please notify the following local contacts in case of emergency.

Name	Work Phone	Home (or cell) Phone
Relationship: _____		

I hereby agree that Eastshore Humane Association, Inc. shall not be held responsible for any injury, accident, and/or sickness to me which may occur in connection with the volunteer program.

Signature _____ Date _____

UPDATED 5/2010