



VOLUNTEER APPLICATION

Date: \_\_\_\_\_

Please Print

Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ St: \_\_\_\_\_ Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Driver license #: \_\_\_\_\_

Contact Information:

Phone#: \_\_\_\_\_

Cell #: \_\_\_\_\_

Work #: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Occupation: \_\_\_\_\_ Experience with animals: \_\_\_\_\_

\_\_\_\_\_

The Humane Society of Etowah County Adoption and Pet Rescue Center has many activities that must have the support of volunteers in order to be successful. You can also volunteer at the Adoption Center and work with staff and the animals. Orientations will be held in the Education Room.

If you would like to volunteer at the Adoption Center:

Days of week available: \_\_\_\_\_

Time of day available: \_\_\_\_\_

Special skills/Talents: \_\_\_\_\_

\_\_\_\_\_

FUNDRAISERS AND ACTIVITIES FOR VOLUNTEERS

If you would be interested in helping with any of the following fundraisers and activities please circle you areas of interest.

**FUNDRAISERS:**

**ROADBLOCKS                      SILENT AUCTION                      DOG DIPS**

**SANTA PET PICTURES                      PAWS IN THE PARK**

**GRANTS                      CAPITAL CAMPAIGN PROJECTS**

\_\_\_\_\_ **I have a great idea for a fundraiser! Please contact me about it!**

**OTHER VOLUNTEER OPPORTUNITIES**

**COMMUNITY EDUCATION                      SPECIAL PROJECTS**

**ADOPTION FOLLOW-UP                      PUBLIC RELATIONS**

**FACILITY UPKEEP**

\_\_\_\_\_ **I would be interested in serving on the HSEC Board of Directors. Please contact me about Board membership.**

We always have some extra projects going on that would be more easily done with your help. Please consider volunteering your time.

I \_\_\_\_\_, do hereby agree to abide by all the rules and guidelines set forth by the Humane Society of Etowah County for volunteers at the animal shelter located at 4200 Brooke Avenue, Gadsden, AL. I also agree not to hold the Humane Society of Etowah County Directors, or employees liable for any injuries incurred while volunteering on or off the premises.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_