



VOLUNTEER APPLICATION

Personal Information

Full Name _____ DOB ____/____/____

Nickname/ How would you like to be addressed: _____

Address _____ City _____ State _____ Zip _____

Phone # Home: _____ Cell : _____

E-mail _____ Employer / School _____

Emergency Contact Name and Number _____

Do you have health, physical or psychological limitations that might make some aspects of volunteering more difficult and might require extra training/assistance (circle)? Yes No

If yes, please explain _____

Are you working with an agency or job coach to gain job skills through volunteering (circle)? Yes No

Skills & Experience

Why do you want to volunteer? What do you hope to contribute? What do you hope to gain from your volunteer experience?

Please describe your experience, knowledge or studies of animals _____

Please describe any past volunteer experience with OAHS or another group, even if it wasn't with animals. (If you have none, just write "FTV" – first time volunteer) _____

Please list any skills or hobbies that you have that may be helpful to OAHS (such as sewing, photography, computer skills, teaching ability, etc.)

Volunteer Opportunities

Training is provided for all positions. Successful completion of training is required for your volunteer application to be approved.

I am interested in beginning my hands-on volunteering experience with:

____ Cat Socialization – Play and socialize with cats

____ Dog Socialization – Walk and exercise dogs, socialize dogs, conduct basic manners training

____ Small Mammal Socialization – Socialize small mammals and provide enrichment

I would ALSO be interested in helping with the following: (circle all that apply)

Laundry

Parades

Shelter Events

Foster Care

Are you willing to commit to at least 8 hours per month?

Yes

No

Are you willing to commit to at least 4 months of volunteering?

Yes

No

Are you able to work independently without staff support?

Yes

No

Photographic and Media Release

I hereby grant and convey to the Oshkosh Area Humane Society any and all permission, right, title and interest in any photographs, images, or video and audio recordings taken of me during my volunteer activities with the Oshkosh Area Humane Society. I expressly agree to allow the Oshkosh Area Humane Society to use and publish said images, recordings, and videos of myself without any compensation required, in any and all media (including the internet) for the promotion, advertising, and publicity of the Oshkosh Area Humane Society.

BY SIGNING BELOW, THE VOLUNTEER (AND IF APPLICABLE, THE PARENT OR LEGAL GUARDIAN) ACKNOWLEDGES THAT THEY HAVE CAREFULLY READ AND FULLY UNDERSTAND ALL THE PROVISIONS OF THIS RELEASE AND AGREEMENT.

BY

Signature

Date

Signature (parent or legal guardian of participant if under 18 years of age)

Date

____ Yes, I would like to become an OAHS Member. If so, the Volunteer Membership Fee is only \$10.00 (normally \$25). Please submit payment with application.