

LINCOLN COUNTY HUMANE SOCIETY
Volunteer Application for Cat Socialization Program

A separate application must be filled out for each volunteer or family member.

Volunteers 12 - 16 years old must be accompanied by a parent or guardian.

Name: _____ Date of Birth: _____ Age: _____
Address: _____ Driver's Licence#: _____
City: _____ Phone Number: _____
Postal Code: _____ Email Address: _____

Emergency Contact: _____ Contact's Phone: _____

Are you currently volunteering elsewhere? yes / no Where? _____
Have you volunteered in the past? yes / no Where? _____

Please list any related experience: _____

If you are younger than 16 yrs old, who will be assisting you?* Name: _____
* Please note: a separate application is required for the individual who will be assisting you. Phone Number: _____
Relationship: _____

Do you have any physical limitations? (Circle) allergies, lifting, walking, standing, kneeling, other: _____

Please list the hours that you are available: (Note: Volunteers hours are available between 9am & 9pm only)

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

While precautions have been taken for our volunteers - individuals volunteer at their own risk.

Volunteer applicant's signature: _____ Date: _____

Parent or guardian's signature: _____ Date: _____
(If applicant < 18 years old)

Please Note: Applicants **MUST** reside within our service area of: St. Catharines, Lincoln, Grimsby, Thorold or Niagara-on-the-Lake.

To give opportunities to all applicants Lincoln County Humane Society reserves the right to limit the length of service of any volunteer.

The Lincoln County Humane Society thanks each applicant for their interest in our shelter and with the animals!

***** OFFICE USE ONLY *****

STAFF: Please write date received and comments where necessary, then place on Kim's desk.

Date received: _____ Disclaimer signed?
 Contacted? Date: _____

Observations: _____

Notes: _____