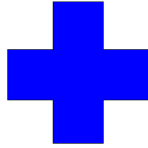


"We Speak For Those Who Cannot Speak For Themselves"
LINCOLN COUNTY HUMANE SOCIETY



160 4TH Avenue
St. Catharines, Ontario
L2R 6P9
(905) 682-0767

Founded
March 9, 1927
www.lchs.ca
Fax: (905) 682-8133

OFFICE USE ONLY

Approved: Yes No If No, explain: _____

Date: _____

Sign: _____ Date of Shift: _____

Notes: _____ **Dog Walker Volunteer Application**

Name: _____

Date of Application: _____

Address: _____ City: _____

Home Phone #: _____ Cell Phone #: _____

Email: _____

Occupation: _____ Date of Birth: _____

Why would you like to volunteer at the Lincoln County Humane Society (LCHS)?

Do you know any current volunteers or employees at LCHS?

When was the last time you visited LCHS? _____

What was the purpose of your visit? _____

Do you have affiliation with other animal organizations or community groups?

Will the hours you are volunteering be used for community service hours? YES NO

If yes, what type of community service hours?

Do you have any special needs that LCHS should be aware of that would impact your ability to volunteer with the LCHS? (e.g. allergies, physical limitations, etc.)

Do you have any pets at home: YES NO

If yes: What types of pets do you have? _____

Is/Are your pets vaccinated for kennel cough and/or rabies? YES NO

Availability

Mornings (8-10 a.m.) Afternoons (1-3 p.m.) Evenings (7-9 p.m.)

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

References

Name: _____ Phone: _____

Name: _____ Phone: _____

Emergency Contact

Name: _____ Address: _____

Relationship: _____ Phone: _____

Cell # _____

Signature: _____ Print: _____

Witness: _____ Date: _____