

West Columbia Gorge Humane Society Volunteer Application

PO BOX 270
Washougal, WA 98671
360-835-3464

How can we reach you?		DATE
NAME	HOME PHONE	CELL PHONE
STREET ADDRESS (INCLUDE APT#)	WORK PHONE	OTHER
	EMAIL	2ND EMAIL
CITY, STATE, ZIP CODE	EMPLOYER	TITLE POSITION
	AGE _____ UNDER 14 _____ 14-17 YRS _____ 18 YEARS +	

Tell us about your decision to volunteer
How did you learn about the West Columbia Gorge Humane Society?
We all enjoy helping animals. What is your special reason for volunteering with us?
What other animal-related organizations have you been associated with?
What volunteer experience have you had?
Do you have your own transportation?

When are you available to work? Write in time of day						
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

What type of position interests you? Please check all that apply		
<input type="checkbox"/> Grooming, Socializing cats <input type="checkbox"/> Foster home for cats <input type="checkbox"/> Foster home for dogs <input type="checkbox"/> Cleaning animal living/playing areas <input type="checkbox"/> Cleaning offices, kitchen, public areas <input type="checkbox"/> Laundry <input type="checkbox"/> Medicating animals <input type="checkbox"/> Training new volunteers <input type="checkbox"/> Bookkeeping/Accounting <input type="checkbox"/> Technical support <input type="checkbox"/> Assist with telephone duties <input type="checkbox"/> Assist with newsletters, writing and production	<input type="checkbox"/> News letter collating, folding, labeling <input type="checkbox"/> Assist with administrative duties <input type="checkbox"/> Distributing flyers to vet clinics and pet stores <input type="checkbox"/> Fundraising or grant writing <input type="checkbox"/> Event management <input type="checkbox"/> Booth set up for events <input type="checkbox"/> Event staffing at events (type of work varies) <input type="checkbox"/> Photography <input type="checkbox"/> Working with Children, Teens, and Students <input type="checkbox"/> Public presentation/Education <input type="checkbox"/> Facilities maintenance/repair <input type="checkbox"/> Construction	<input type="checkbox"/> Gardening/Grounds maintenance <input type="checkbox"/> Pet transporting to/from vet or outreach events <input type="checkbox"/> Food and supplies transportation <input type="checkbox"/> Trapping stray cats or dogs <input type="checkbox"/> Other <input type="checkbox"/> Adoption Counselor (approx. two months training required) Responsibilities may include response to inquiries for both relinquishment and adoption of animals, intake, public education, foster and adoption screening/visits.

Do you have any additional resources? Please check all that apply

- | | | |
|---|--|---|
| <input type="checkbox"/> Access to the internet | <input type="checkbox"/> Marketing experience/ Media relations | <input type="checkbox"/> Vet experience |
| <input type="checkbox"/> A utility vehicle (van or truck) | <input type="checkbox"/> Document layout, publication experience | <input type="checkbox"/> Crochet, Knitting, Sewing |
| <input type="checkbox"/> A secure, dry storage area | <input type="checkbox"/> Graphic Arts experience | <input type="checkbox"/> Working with children, teens, and students |
| <input type="checkbox"/> Computer or network support experience | <input type="checkbox"/> Photography | <input type="checkbox"/> Website layout & maintenance |
| <input type="checkbox"/> Data entry or word processing experience | <input type="checkbox"/> Public Speaking experience | <input type="checkbox"/> Other |
| <input type="checkbox"/> Shopping/ bargain hunter | <input type="checkbox"/> Grant request writing experience | |
| <input type="checkbox"/> Financial or accounting experience | <input type="checkbox"/> Grooming experience | |

Tell us about your current pets

Species	Breed	Name	Age	Sex	How did you get this pet?	
						Neutered/Spayed? Y/N Vaccinations up to date? Y/N Licensed? Y/N

Who handles your pets medical needs?

Veterinarian	Clinic/ Address	Contact Phone

Do you have any physical, medical, psychological limitations or disabilities, or are you pregnant? (i.e. Heart condition, mental illness, back injury, epilepsy, etc.) If yes please explain.

We recommend that all shelter volunteers in contact with animals have current Tetanus vaccination.

I understand that there is a possibility of health or injury risk to humans and personal pets when caring for rescued animals. I will not hold West Columbia Gorge Humane Society liable for any injury or illness that may result from my volunteer activities. Initials/ Date _____

I understand the goals and mission of West Columbia Gorge Humane Society as a volunteer, I agree to work toward these goals and to represent this mission in my contact with the community on behalf of the organization. Initials/ Date _____

Optional: I authorize the use of my photograph in West Columbia Gorge Humane Society materials. Initials/ Date _____

Optional: I authorize West Columbia Gorge Humane Society to print and distribute my contact information to other volunteers. Initials/ Date _____

Have you ever been arrested or convicted of a crime? No / Yes (please list details.)

I authorize the West Columbia Gorge Humane Society to conduct a criminal background check.

Signature _____ Drivers License No. _____ State _____

Aliases/ Other Names Used _____

Volunteers Over 18 Years Old

I confirm that the information on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to policies and carry out my duties as a humane society volunteer effectively.

Signature _____ Date _____

Volunteers 14-17 Years old

Volunteers ages 14-17 years must include written recommendation (adult, non-relative) and have the signature of a parent or guardian. Volunteers younger than 16 must be accompanied by parent/ guardian.

As parent or guardian, I understand that my son/ daughter volunteers at his/ her own risk. I hereby grant permission for him/ her to perform volunteer work for the West Columbia Gorge Humane Society.

Parent Signature _____ Date _____

Reserved for Office Use

Required	Additional Notes
Approved: Yes No Evaluator: Date:	