



# LINCOLN COUNTY HUMANE SOCIETY

## DOG SOCIALIZATION VOLUNTEER APPLICATION

FOR OFFICE USE ONLY	
PET POINT CHECK	
NAME - If found, P#:	<input type="checkbox"/> No History
ADDRESS - If found, P#:	<input type="checkbox"/> No History
APPROVED <input type="checkbox"/> or DENIED <input type="checkbox"/> - Staff Initials: _____	
Canned e-mail response sent? YES <input type="checkbox"/> NO <input type="checkbox"/> Date sent: _____ Initial: _____	
Contacted for orientation? YES <input type="checkbox"/> NO <input type="checkbox"/> Date contacted: _____ Initial: _____	
Attended orientation? YES <input type="checkbox"/> NO <input type="checkbox"/> Orientation date: _____ Initial: _____	
Candidate passed orientation? YES <input type="checkbox"/> NO <input type="checkbox"/> Coordinator signature: _____	
NOTES:	

FIRST & LAST NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ POSTAL CODE: \_\_\_\_\_

PHONE: \_\_\_\_\_ CELL PHONE: \_\_\_\_\_

BIRTHDATE: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

### PROGRAM REQUIREMENTS

1. Applicants for this program are required to be 19 years of age.
2. This program will not count toward community service hours.
3. Applicants must be able to commit to one shift weekly for a minimum of 6 months.
4. Regular internet access and communication via e-mail is necessary.
5. Applicants must be physically capable of handling all breeds, all sizes and all energy levels of dogs.
6. Applicants must attend & pass our Dog Socialization orientation prior to commencing volunteering (this includes passing handling training).
7. E-mail is the primary means for communication. Please check your inbox and junk mailbox for your upcoming orientation e-mail.
8. Bonus – We would love it if you could commit to attending at least 1 of our fundraising events per year!

### ABOUT YOU

Please circle, check the boxes or fill in the blanks:

1. Do you have any physical limitations?  
Yes  No   
If yes, please list/describe: \_\_\_\_\_
2. Do you have any allergies?  
Yes  No  If yes, please list them: \_\_\_\_\_
3. When was the last time you visited our shelter?  
0-2 months ago  3-5 months ago  6-8 months ago  9-11 months ago  Over a year ago
4. For what purposes have you visited LCHS? \_\_\_\_\_
5. Have you ever attended any of our Volunteer Orientations?  
Yes  No  If yes, when and which one: \_\_\_\_\_
6. What do you like about LCHS and why do you want to volunteer for us? \_\_\_\_\_  
\_\_\_\_\_
7. On a scale of 1 to 10, 1 being the lowest, please rate yourself honestly on these abilities/traits:  
Attentive \_\_\_\_\_ Attention to Detail \_\_\_\_\_ Judgment \_\_\_\_\_ Punctual \_\_\_\_\_ Multi-tasking \_\_\_\_\_ Personable \_\_\_\_\_ Follow Instruction \_\_\_\_\_
8. Do you know any LCHS Staff members or volunteers? Yes or No  
If yes, who? \_\_\_\_\_

### YOUR PETS

Please circle, check the boxes or fill in the blanks:

1. Are there any pets in your household? Yes or No  
If yes, please list them:

NAME	TYPE/SPECIES	AGE	SEX	FIXED?
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>
				Yes <input type="checkbox"/> No <input type="checkbox"/>

2. Do you take your pets to see a Veterinarian Regularly?    Yes    or    No  
 If yes, please provide the name of the Veterinarian Clinic/Hospital that you use: \_\_\_\_\_
3. Are your pets up-to-date with their vaccinations?    Yes    or    No
4. Do we have permission to discuss with your Veterinarian, any questions/concerns we may have regarding your pets?    Yes    or    No

**PAST EXPERIENCE/GENERAL INFORMATION**

Please circle, check the boxes or fill in the blanks:

1. Have you ever had any positive or negative dealings with LCHS or any other SPCA?    Yes    or    No  
 If yes, please explain: \_\_\_\_\_
2. Are you affiliated with any other animal rescue groups?    Yes    or    No  
 If yes, who? \_\_\_\_\_
3. Please list any related experience, past or present, in owning/caring for or training dogs: \_\_\_\_\_
4. Volunteer shift availability – please place an "X" in the corresponding shift boxes that suit your current schedule:

SHIFT	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
'Morning' 8:00am - 10:00am							
'Afternoon' 1:00pm - 3:00pm							
'Evening' 6:00pm - 8:00pm							

6. Are you able to volunteer on holidays?    Yes    or    No
7. When are you available to begin volunteering? \_\_\_\_\_
8. Please provide a name and phone # of 2 personal references who can comment on your suitability for volunteering with us:
- i.    Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- ii.    Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
9. Please list 2 emergency contact numbers for yourself:
- i.    Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_
- ii.    Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**ACKNOWLEDGEMENT**

*PLEASE NOTE: if you are no longer interested in volunteering or you have any questions, please email our coordinator at [dogwalking@lchs.ca](mailto:dogwalking@lchs.ca)*

*The LCHS appreciates the interest of our applicants, we recognize that your time is valuable and we thank you and appreciate that you are considering giving that time to help animals at the Lincoln County Humane Society!*

By signing below applicants acknowledge the above information is correct and volunteering is conducted at their own risk, this includes injury and transmission of viruses or diseases to their own pets.

I undersign and signify that all of the information contained herein is true and understand that any false information will result in immediate application denial. The LCHS reserves the right to refuse any applicant.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Please email your application to [dogwalking@lchs.ca](mailto:dogwalking@lchs.ca)  
 You may also fax it to 905-682-8133 or mail/deliver it to the Shelter.