



LINCOLN COUNTY HUMANE SOCIETY

EVENTS OR ADMIN 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 18 years of age.
2. This program will not count toward community service hours.
3. E-mail is the primary means for communication. Please check your inbox and junk mailbox for your upcoming orientation e-mail.
4. Please provide a resume with this application.

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. 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: _____

4. Volunteer shift availability: Mornings Afternoons Evenings

5. Which days of the week are you available? _____

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: _____

10. Please circle which area you wish to volunteer: Events or Administrative

ACKNOWLEDGEMENT

PLEASE NOTE: if you are no longer interested in volunteering or you have any questions, please email our coordinators at events@lchs.ca or admin@lchs.ca

The LCHS appreciates the interest of our applicants, thank you for caring for animals!

By signing below applicants acknowledge the above information is correct and volunteering is conducted at their own risk, including 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: _____

If you are interested in **Events** please email your application to events@lchs.ca
 If you are interested in **Administration** please email your application to admin@lchs.ca

You may also fax it to 905-682-8133 or mail/deliver it to the Shelter.