



LINCOLN COUNTY HUMANE SOCIETY

SMALL ANIMAL 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. 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.
6. Applicants must attend & pass our Small Animal orientation prior to commencing volunteering.
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. 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"/>
				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 small animals: _____

4. Small Animal volunteer shifts are generally evenings beginning at 6:00pm, which evenings are suitable for your schedule: _____

5. Do you have any experience in giving medications to small animals? Yes or No
 If yes, please explain: _____

6. Are you able to volunteer on holidays? Yes or No

7. When are you available to begin volunteering? _____

8. What type of small animal volunteering are you interested in?
 Cleaning/Feeding & Socializing Driving to Vet Appointments

9. 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: _____

10. Please list 2 emergency contact numbers for yourself:

i. Name: _____ Phone Number: _____

ii. Name: _____ Phone Number: _____

ACKNOWLEDGEMENT

You must read the **Small Animal Care Training** handout in full even if you have owned small animals before; I agree to do this and will follow all instructions for feeding, housing, cleaning and handling: Yes

I agree not to let any of the small animals at LCHS come into direct nose-to-nose contact with an animal they do not share a cage with: Yes

I will take extra precaution to avoid spreading the bordatella virus from rabbits, dogs or cats to guinea pigs at LCHS (bordatella is naturally carried by dogs, cats and rabbits so those animals must not be within nose-contact or sneezing distance of guinea pigs). I will always wash / sanitize hands before touching a guinea pig or his cage accessories: Yes

PLEASE NOTE: if you are no longer interested in volunteering or you have any questions, please email our coordinator at smallanimals@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 smallanimals@lchs.ca
 You may also fax it to 905-682-8133 or mail/deliver it to the Shelter.