



MetroWest Humane Society Volunteer Information Form

DATE: _____

There are many ways in which to help. You are welcome to select more than one area. Daytime and evening hours are available.

NAME		DOB:
ADDRESS		
CITY	STATE	ZIP
PHONE (DAYTIME)	(EVENING)	
CELL		
EMAIL		

MAY WE CALL YOU AT WORK: Y ____ N ____

OCCUPATION: _____

WHEN ARE YOU AVAILABLE TO VOLUNTEER? (LIST TIMES NEXT TO DAY/S)

M ____ T ____ W ____ TH ____ F ____ SAT ____ SUN ____ FLEXIBLE ____

CAN YOU WORK WEEKLY? Y ____ N ____

WHY DO YOU WANT TO VOLUNTEER HERE?

DO YOU HAVE EXPERIENCE WITH ANIMALS? (Briefly describe):



WHAT IS THE DATE OF YOUR MOST RECENT TETANUS VACCINE _____.

HAVE YOU EVER VOLUNTEERED AT AN ANIMAL SHELTER? Y _____ N _____

IF YES, WHEN: _____ WHERE: _____

HAVE YOU HAD PRE-EXPOSURE RABIES VACCINES? Y _____ N _____

IF YES, YEAR: _____

Since many of the cats and kittens we work with often have unknown histories, we advise you to consider being rabies vaccinated at some point if you are volunteering in a capacity that involves work directly with the animals. This is your option, and it is not a requirement.

PLEASE CHECK ALL THAT MAY BE OF INTEREST TO YOU

- | | |
|---|--|
| <input type="checkbox"/> SHELTER CHORES/FEEDING | <input type="checkbox"/> FUNDRAISING |
| <input type="checkbox"/> TRANSPORT TO VETS | <input type="checkbox"/> SPECIAL EVENTS |
| <input type="checkbox"/> FERAL FEEDINGS | <input type="checkbox"/> GRANT WRITING |
| <input type="checkbox"/> TRAPPING | <input type="checkbox"/> PUBLIC RELATIONS |
| <input type="checkbox"/> FOSTER CARE | <input type="checkbox"/> GRAPHIC DESIGN |
| <input type="checkbox"/> OFFICE WORK | <input type="checkbox"/> KITTEN BOTTLE FEEDING |
| <input type="checkbox"/> PHONE CALLS | <input type="checkbox"/> SPECIAL NEEDS CATS |
| <input type="checkbox"/> MAILINGS | <input type="checkbox"/> PHOTOGRAPHY |
| <input type="checkbox"/> DATA ENTRY | <input type="checkbox"/> BUILDER (FERAL HOUSES & FEEDING STATIONS) |

ARE THERE ANY DUTIES YOU WOULD PREFER **NOT** TO DO?

EMERGENCY CONTACT: _____ PHONE: (____) _____

RELATIONSHIP: _____ ALTERNATE PHONE: (____) _____

ANY ALLERGIES, PHYSICAL DISABILITIES, OR OTHER LIMITATIONS THAT MAY RESTRICT VOLUNTEER EXPERIENCE: _____



HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

ARE YOU A MEMBER OF OUR ORGANIZATION? _____

DO YOU HAVE PETS AT HOME? _____ WHAT KIND? _____

ARE THEY SPAYED OR NEUTERED? _____ IF CATS, DO THEY GO OUTSIDE? _____

IF YOU DO NOT CURRENTLY HAVE A PET, HAVE YOU HAD THEM IN THE PAST? Yes _____ No _____

IF SO, WHAT KINDS OF ANIMALS? _____

ARE YOU WILLING TO SIGN OUR NO FAULT CLAUSE? (#2 IN THE VOLUNTEER AGREEMENT) Y _____ N _____

ANY OTHER INFORMATION YOU WOULD LIKE TO SHARE WITH US?

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PLEASE LIST 2 REFERENCES:

NAME
RELATIONSHIP
PHONE

NAME
RELATIONSHIP
PHONE