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.

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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

___ SHELTER CHORES/FEEDING   ___ FUNDRAISING
___ TRANSPORT TO VETS         ___ SPECIAL EVENTS
___ FERAL FEEDINGS            ___ GRANT WRITING
___ TRAPPING                  ___ PUBLIC RELATIONS
___ FOSTER CARE               ___ GRAPHIC DESIGN
___ OFFICE WORK               ___ KITTEN BOTTLE FEEDING
___ PHONE CALLS               ___ SPECIAL NEEDS CATS
___ MAILINGS                  ___ PHOTOGRAPHY
___ DATA ENTRY                ___ 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?

PLEASE LIST 2 REFERENCES:

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