



Paws for Humanity Use Only
Orientation Date _____
Training Date _____
Training Date _____

Volunteer Application

Please complete and return this form via mail, email or in person to the address at the bottom of this page.

Volunteer Contact Information

Date _____

Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Date of Birth _____ Age _____ Gender _____ Pronoun preference _____

Phone Numbers: Cell _____ Home _____ Work _____

Email _____ Preferred mode of contact _____

ER Contact _____ Employer _____

Profession _____

For Minor: Parent/Guardian Contact Information

All Paws for Humanity volunteers must be 14 years old unless directly supervised by a parent or guardian.

Father/Legal Guardian Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Cell _____ Home _____ Work _____

Email _____ Preferred mode of contact _____

Mother/Legal Guardian Full Name _____

Street Address _____

City _____ State _____ Zip Code _____

Phone Numbers: Cell _____ Home _____ Work _____

Email _____ Preferred mode of contact _____

Other Supervisory Adult Full Name _____

Relationship _____ Phone _____

School _____ Contact _____

Please indicate all areas of interest in volunteering at Paws for Humanity

- | | | | |
|-------------------------------------------------------------------------------------------|-----------------------------------------------------|-----------------------------------------|---------------------------------------|
| <input type="checkbox"/> Animal care | <input type="checkbox"/> Barn care/maintenance | <input type="checkbox"/> Farm Projects | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Greeter at the farm | <input type="checkbox"/> Administrative/office work | <input type="checkbox"/> Special events | <input type="checkbox"/> Social Media |
| <input type="checkbox"/> Work with animals (<i>specify</i>) _____ | | | |
| <input type="checkbox"/> Work with groups of people (<i>specify</i>) _____ | | | |
| <input type="checkbox"/> Volunteer your professional expertise (<i>specify</i>) _____ | | | |
| <input type="checkbox"/> Serve on a Board of Directors committee (<i>specify</i>) _____ | | | |
| <input type="checkbox"/> Other _____ | | | |

Availability

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times:	_____	_____	_____	_____	_____	_____	_____
	_____	_____	_____	_____	_____	_____	_____

Frequency of Availability: Weekdays Weekends Weekly Bi-weekly Monthly

How did you learn about Paws for Humanity?

Please describe any special skills, training, or talents you feel would be helpful to Paws for Humanity:

Please describe your experience and/or comfort working with the following:

- Horses / Donkeys

Goats / Alpaca

Chickens / Ducks

Dogs / Cats

Are you comfortable working with adults or children with special needs? Please describe experience:

Are you comfortable working with survivors of violence, trauma, or abuse? Please describe experience:

Please note any questions, comments, or concerns:

REFERENCES

Please provide the name and phone number or email of 2 non-family members as references on your ability to perform this volunteer position.

1. _____
2. _____

PRINT

EMAIL