

HELMETTA ANIMAL SHELTER

VOLUNTEER QUESTIONNAIRE

Helmetta Animal Shelter values your privacy and will not share your confidential information with any outside organization.

Name: _____ Phone: _____ Date: _____

Address: _____

Street

City

State

Date of Birth _____

Email Address: _____

Drivers License or NJ Id Number _____

Volunteering: What are you interested in doing at the animal shelter:

Which of the following volunteer positions are you interested in? (Check all that apply.)

Dog Walker__ Cat Socializer__ Training Assistant (dog training)__ Grooming Assistant__

Cleaning Assistant__ Fundraising__ Shelter Hero (junior volunteers)__

When would you like to start volunteering? _____ Are you a student? _____ work full-time__
part-time__ other _____

What days and times are you available to volunteer? _____

Have you volunteered with another organization(s)? _____ If yes, name of organization _____

What were your responsibilities? _____

How long did you volunteer with them? _____

Have you ever been convicted of a criminal offense? _____ If yes, please explain _____

Are you volunteering to meet mandatory requirements for School__ Church__ Other _____

Number of hours required _____ weekly__ monthly__ bimonthly__ quarterly__ semi-annually

References

Please supply us with one personal and professional reference

Name: _____ Relationship _____ Phone Number _____

Name _____ Relationship: _____ Phone Number: _____

PET HISTORY:

Do you own any pets? ___ How many? Dog(s) ___ Cat(s) ___ Other _____ Age _____ Breed _____

HELMETTA ANIMAL SHELTER

VOLUNTEER AGREEMENT

I UNDERSTAND AND AGREE TO ABIDE BY THE SET POLICIES AND PROCEDURES OF THE HELMETTA ANIMAL SHELTER, A COPY OF WHICH I HAVE RECEIVED ON THIS DATE.

Printed Name: _____

Signature: _____

Date: _____ **Witnessed by:** _____

If you do not own any pets, have you had any experience with dogs, cats or small animals? _____ If yes, please tell us about your prior experiences _____

Do you have any allergies to animals? _____ If yes, which animals are you allergic to? _____

Have you ever been bitten by a dog or cat? _____ If yes, what were the circumstances? _____

Do you have any physical limitations or health problems we should be aware of? _____ If yes, please explain _____

Prior experience, skills, information or comments you would like to add _____

(Please read and sign Volunteer Agreement and waiver pages to follow)