



Coulee Region Humane Society Volunteer Application

All potential volunteers must submit a completed application and attend an orientation prior to placement. There may be additional training required for specific positions. The information you submit on this form will help us make the best placement for you. CRHS receives many wonderful volunteer applicants. It may take one to two months for you to be contacted.

**Volunteers 12-15 years of age must volunteer with a parent or guardian.
All volunteers under 18 years of age must have parental consent.**

Volunteer Information:

Name: _____

Birth date and Age (for volunteers under the age of 18): ___/___/___ Age: _____

Email Address: _____ (email is our preferred method of contact please add stephanie.lindsley@couleehumane.com to your contacts so it is not blocked by filters)

Home Address: _____ **City:** _____ **State:** _____ **Zip:** _____

Phone Number: (Home/Cell): _____ (Work): _____

Would you like to receive our Newsletter (circle): Yes or No

Background Information:

Occupation and Employer: _____

Education: _____

List any special skills that may be useful:

Have you volunteered with Coulee Region Humane Society before: _____

Do you have any conditions or allergies that may affect your ability to perform certain tasks? Please explain:

Have you ever been convicted of a crime (circle): Y or N

Explain: _____

Are you volunteering to complete court ordered community service (circle): Y or N

Emergency Contact:

1. Name: _____ Contact Info: _____

Reference: Please list a business, education or volunteer related reference.

1. Name: _____ Contact Info: _____

Administrative Use Only: WCCA: _____ AAF: _____ Contact Date: _____ Orientation Date: _____ Notes: _____

Volunteer Interests:

Why would you like to volunteer with the Coulee Region Humane Society?

Are you able to commit to the Coulee Region Humane Society for at least 3 months? Y or N

If no, please explain: _____

Please check positions you are interested in (you may check as many as you want):

Note: Some of these positions may require additional training and/or certain time commitments to other positions. Please inquire via email for any additional details at stephanie.lindsley@couleehumane.com.

<input type="checkbox"/> Special Event Volunteer (help with mailings or fun events)	<input type="checkbox"/> Dog Walker
<input type="checkbox"/> Greeter	<input type="checkbox"/> Dog Training Assistant (3pm-3:30pm Wednesdays)
<input type="checkbox"/> Housekeeping Helper (dishes, laundry, etc)	<input type="checkbox"/> Cat Companion (works with only adoptable cats)
<input type="checkbox"/> Small Critter Cuddler (rabbits, guinea pigs, etc.)	<input type="checkbox"/> Cat Comforter (works with new or ill cats)
<input type="checkbox"/> Grounds keeping or maintenance (lawn mowing, shoveling)	<input type="checkbox"/> PetSmart Cat Caregiver (cleaning cages & socializing)
<input type="checkbox"/> Morning Kennel Assistant (Dogs 9-11 Everyday)	<input type="checkbox"/> PetSmart Dog Event Volunteer
<input type="checkbox"/> Canine Companion (general socializing with dogs)	

Please check day(s) and time(s) you prefer to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
9am - 11am (dogs only)							
11am - 1 pm (cats only)							
1pm - 3 pm							
3 pm - 5 pm							
5 pm - 7 pm (Tues. & Thurs only)							

How often are you able to volunteer? Once a month Once a week More than once a week Special Events Only

Volunteer Agreement:

I certify that the statements made on this application are true and have been given voluntarily. I understand that this information may be disclosed to other parties, including for such purposes as criminal background checks, and I release Coulee Region Humane Society, Inc. (CRHS) from any liability whatsoever for supplying such information. I also understand I will not be paid for my services as a volunteer. In consideration of CRHS accepting my application, or my child's, for participation in CRHS programs, I agree to release and hold harmless CRHS from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including without limitation, attorney's fees and disbursements arising from or occasioned by my participation in CRHS programs. I understand the risks inherent in handling animals and I accept these risks. I agree that CRHS may photograph my participation in this program and I hereby release any such photographs to CRHS for use in its programs, publications, and purpose.

Your Signature: _____ Date: _____

(You must be at least 18 years of age to volunteer without parental consent)

Parent/Guardian Signature: _____ Date: _____

Please return completed application to:
 Coulee Region Humane Society
 Attn: Stephanie Lindsley
 911 Critter Court Onalaska WI, 54601
 Email – stephanie.lindsley@couleehumane.com
 Fax – 608-781-1646