**Coulee Region Humane Society**

**Volunteer**

**Application**

All potential volunteers must submit a completed application and attend an orientation prior to placement (this includes parents and mentors). Eligible volunteers may not have any offenses pertaining to physical abuse of people or animals, battery, or illegal substance possession. 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. **Due to high volume, incomplete applications will not be processed.**

Contact Volunteer Coordinator for questions: karla.korish@couleehumane.com or 608.781.4014

It could take 2-3 weeks your application to be processed.

11 and under: Contact Erin Olson for children programs at erin.olson@couleehumane.com.

12-15 years: must volunteer with a parent or guardian.

*17 years and younger must have parental consent.*

Date: Click here to enter a date.

**General Information:**

**First Name, Middle Initial, Last Name:** Click here to enter text.

**Address:** Click here to enter text.

**City:** Click here to enter text.**State/Zip:** Click here to enter text.

**Birthday:** Click here to enter text.**Age:** Click here to enter text.**Phone Number:** Click here to enter text.

**Email Address (Required):** Click here to enter text.

*Applicants will be contacted for next steps via email.*

**Background Information:**

**Employer:** Click here to enter text.

**Position:** Click here to enter text.Part-time[ ]  Full-time[ ]  Retired[ ]  Unemployed[ ]

**School:** Click here to enter text.Year: Fr[ ]  Soph[ ]  Jr[ ]  Sr[ ]

**List any skills that may be useful when volunteering:**

Click here to enter text.

**Have you volunteered with Coulee Region Humane Society before:** Yes[ ]  No[ ]

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

***Please explain:*** Click here to enter text.

**Have you ever been convicted of a crime:** Yes[ ]  No[ ]

***Please explain*:** Click here to enter text.

**Please describe why you would like to volunteer with the Coulee Region Humane Society:**

Click here to enter text.

**Back 🡪**

**Area of Interest:**

General:

[ ]  Special Events Volunteer (adoption events/fundraisers)

[ ]  Door Greeter

[ ]  Essentials Volunteer (dishes, laundry)

[ ]  Ground Keeper (lawn mowing, shoveling)

Cats:

[ ]  Cat Socialization & Spot Cleaning

[ ]  Cat Intake and Isolation (must complete 3-4 months of routine service first; works with new or ill cats)

[ ]  PetSmart Cat Caregiver

Small animals:

[ ]  Small Critter Cuddlier (rabbits, guinea pigs, etc.)

Dogs:

[ ]  Morning Kennel Assistant

[ ]  Canine Socialization & Spot Cleaning

[ ]  Dog Walker (must complete 3-4 months of service first)

[ ]  Dog Training Assistant (Monday 5pm-6pm & Wednesday 3pm-4pm; must complete 3-4 months of routine service first)

**Availability:**

 Bi-weekly[ ]  Once a week[ ]  2+/weekly[ ]  Special events only[ ]

**Emergency Contact:**

**Name:** Click here to enter text.**Relationship:** Click here to enter text. **Phone:** Click here to enter text.

**Application Fee:**

*Application fees cover the cost of providing a volunteer tee-shirt, personalized button at the time of orientation, and administrative costs. Application fees are non-refundable.*

**Tee-shirt Size:** Click here to enter text. (child L, S, M, L, XL, XXL)

Individual Volunteer: $20[ ]  Adult & Child: $35[ ]  ($10 for each additional family member)

\*\*Payment is collected at time of orientation. We accept cash or credit.\*\*

**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.

\*\*Will sign at interview or orientation

**Your Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

**Parent Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:**

*Office Use ONLY*

**ASM:**

**CCAP:**

*Approved | Minor Parent/Adult Name: Denied: Reason*