

HUMANE SOCIETY OF LEBANON COUNTY

150 RAMONA ROAD, MYERSTOWN, PA 17067

Phone 717-628-1369

Fax 717-866-2782

www.lebanonhumane.org

Volunteer Application and Information Form

Applicants must be 18 years of age or older

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

E-mail Address: _____

Do you have a valid Driver's License? Please list the number below.

Employer and Occupation _____

Work phone _____ May we contact you at work? _____

When is the best time to contact you? _____

Age group (circle one): 18 – 30 31-50 51 and over

How did you learn about volunteering at the HSLC? _____

Why would you like to volunteer with us? _____

What other kind of volunteering have you done? _____

Please list any professional or special skills you have: _____

Please list the days and times you would be available to volunteer:

Weekdays: _____

Weekends: _____

Do you have any companion animals of your own? If yes, please describe: _____

Please circle volunteer opportunities you may be interested in at this time (options will be explained in more detail at your orientation):

- | | |
|------------------------------------|--------------------------------------|
| Greeter | Adoption Materials Coordinator |
| Cat Room Assistant | Dog Kennel Assistant |
| Dog Exercise/Walker | Aluminum Can Fundraising Coordinator |
| Dog Trainer (must have experience) | Cat/Dog Groomer |
| Humane Activities Assistant | Special Events/Fundraising |
| Social Media Team Member/Web | Adoption Follow-up Team |
| Web photos/pet descriptions | Pet meals-on-wheels program |
| Grounds/Building Maintenance | Thrift Shop Volunteer |
| Public Relations/Marketing | |

Because of our liability and the possibility of accidents occurring, we ask that you release The Humane Society of Lebanon County of all responsibility by reading the following statement and signing below.

I _____ (print name) release The Humane Society of Lebanon County from all responsibility in the event of an accident while serving as a volunteer.

Signature _____ Date _____

Do you have Health Insurance coverage? Please circle one. YES NO

You will be contacted in the next few weeks to set up your orientation. We usually run one orientation per month and have a limited number of spaces in each. You may contact Maria Bojarcheck (MBojarcheck@lebcnty.org) or Michelle Wyles-Herbert (mwh.adopt@gmail.com) with any questions.