

OFFICIAL USE \_\_\_\_\_

NEW HAMPSHIRE  
HUMANE SOCIETY  
1305 MEREDITH CENTER ROAD  
LACONIA NH 03246



### Application to the Volunteer Programme

The New Hampshire Humane Society encourages the participation of volunteers who support the following mission and purpose:

- Finding responsible and caring forever homes
- To provide shelter and care for lost and unwanted animals
- To be advocates for animals... speaking for those that cannot speak for themselves
- To implement educational programmes and provide services to promote responsible pet ownership and the bond between animals and humans
- To prevent cruelty to animals

The Society is an advocate for animals...

...Finding Forever Homes...

Thank you for your interest in the New Hampshire Humane Society Volunteer Programme.

Please complete this application and return to:-

**Volunteer Director Marylee Gorham**  
**NHHS P.O. Box 572, Laconia NH 03247.**

Questions about this application can be directed to **(603) 524- 8236x309**.

- Upon review of your application and volunteer job availability, you will be telephoned for an interview by the Volunteer Director.
- Your references will be checked prior to invitation to the monthly orientation session. Please ensure you have listed those OTHER than family, this excludes in-laws and other extended family members.
- You will be required to attend one of the monthly orientations and safe handling class. Check the website for the dates ( [www.nhhumane.org](http://www.nhhumane.org) )
- This application will be given every consideration but its receipt does not imply that the applicant will be given a volunteer assignment.

**PLEASE NOTE:** All volunteers who work within the shelter and directly in contact with animals are **required to be 16 years of age**. State of New Hampshire Proof of Permission for the Employment of Young age 16 or 17 must also be completed and signed by parent or legal guardian per RSA 276-A. Additionally, they are asked to complete an essay stating why they want to volunteer.

Print legibly in blue or black ink

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

TELEPHONE NUMBER (HOME): \_\_\_\_\_ (WORK): \_\_\_\_\_

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2.

CELLULAR PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ARE YOU OVER 16 YES \_\_\_ NO \_\_\_ ARE YOU under 18 YES \_\_\_ NO \_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

EMERGENCY PHONE: \_\_\_\_\_

ARE YOU EMPLOYED? YES \_\_\_\_\_ NO \_\_\_\_\_

OCCUPATION : (IF RETIRED, WHAT WAS YOUR OCCUATION?)

\_\_\_\_\_

NAME OF EMPLOYER: \_\_\_\_\_

EMPLOYERS ADDRESS \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

ARE YOU CURRENTLY A STUDENT? YES \_\_\_ NO \_\_\_

IF YES, WHERE? \_\_\_\_\_

WHERE DID YOU HEAR ABOUT THE HUMANE SOCIETY?

\_\_\_\_\_

HAVE YOU/OR A FAMILY MEMBER ADOPTED FROM NHHS YES \_\_\_ NO \_\_\_

HAVE YOU EVER GIVEN UP AN ANIMAL? YES \_\_\_ NO \_\_\_

IF YES, PLEASE EXPLAIN \_\_\_\_\_

\_\_\_\_\_

DO YOU CURRENTLY HAVE ANY ANIMALS IN YOUR HOME?

\_\_\_\_\_

WHAT ATTRACTS YOU TO OUR FACILITY? \_\_\_\_\_

\_\_\_\_\_

ARE YOU ACQUAINTED WITH AN NHHS EMPLOYEE OR VOLUNTEER? IF YES, WHOM? \_\_\_\_\_

HAVE YOU EVER VOLUNTEERED BEFORE? @ NHHS \_\_\_ OTHER \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3.

PLEASE DETAIL YOUR PARTICULAR AREAS OF EXPERTISE & INTEREST

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DO YOU SUFFER FROM ANY ALLERGIES? YES \_\_\_\_ NO \_\_\_\_

IF YES, WHAT STEPS WILL YOU TAKE TO ENSURE YOUR COMFORT WHILE VOLUNTEERING AT THE SHELTER?

SAFETY IS OF UTMOST CONCERN – DO YOU HAVE ANY CONDITIONS THAT WOULD LIMIT YOUR INVOLVEMENT AS A VOLUNTEER WITH THIS ORGANIZATION \_\_\_\_\_

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### TIME AVAILABILITY

Please indicate days and times you are generally available to volunteer. Volunteers who choose to help with animal care must be available during these scheduled times and stay to help for the entire two hour slot.

TUESDAY	____/____	THURSDAY	____/____
WEDNESDAY	____/____	FRIDAY	____/____
		SATURDAY	____/____

### EXPERIENCE

Please check off any experience you have had with the following:

Formal training/education in animal care     Sales     Writing  
 Dog obedience training     Computers     Animal grooming  
 Photography     Fundraising/Events     Teaching/Education  
 Research     Graphic design     Veterinary     other

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4.

Check which area/s you would like to be **considered** for volunteer work with New Hampshire Humane Society:

**FELINE DEPARTMENT**

FELINE FOSTER HOME \_\_\_\_\_ (MUST BE OVER 21)

FELINE KENNEL CARE \_\_\_\_\_

CAT DOCENT (ADOPTION PROMOTION) \_\_\_\_\_

CAT SOCIALIZATION \_\_\_\_\_

**CANINE DEPARTMENT**

CANINE FOSTER HOME \_\_\_\_\_ (MUST BE OVER 21)

CANINE KENNEL CARE \_\_\_\_\_

DOG INTERACTIVE PLAY/SOCIALIZATION \_\_\_\_\_

DOG WALKING \_\_\_\_\_

**ADMINISTRATION**

DATA ENTRY \_\_\_\_\_

BULK MAIL \_\_\_\_\_

DONATION ACKNOWLEDGEMENTS \_\_\_\_\_

GRAPHIC DESIGN \_\_\_\_\_

**EVENTS & FUNDRAISING**

DOG BANK COLLECTORS \_\_\_\_\_ TICKET SELLING \_\_\_\_\_

BOOTHS AND FAIRS \_\_\_\_\_ EVENT SUPPORT \_\_\_\_\_

OFF SITE PROMOTIONS \_\_\_\_\_ ADVERTISING PLACEMENT \_\_\_\_\_

EVENT COMMITTEE \_\_\_\_\_ AUCTION \_\_\_\_\_

WOOFSTOCK \_\_\_\_\_

**OTHER**

OUTREACH EDUCATION \_\_\_\_\_ SCHOOL VISITATION \_\_\_\_\_

GARDENING/LANDSCAPING \_\_\_\_\_ SHELTER GREETERS \_\_\_\_\_

FOSTER HOME CHECKERS \_\_\_\_\_ TELEPHONE CAMPAIGNING \_\_\_\_\_

**DO YOU HOLD A VALID NEW HAMPSHIRE DRIVER'S LICENSE? \_\_\_\_\_**

**DO YOU OWN A VEHICLE THAT YOU WOULD BE WILLING TO DRIVE AS PART OF YOUR VOLUNTEER SERVICE? \_\_\_\_\_**

**IF YES, IS THIS VEHICLE COVERED BY LIABILITY INSURANCE? \_\_\_\_\_**

WHAT OTHER CHARITIES DO YOU SUPPORT \_\_\_\_\_

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**ARE YOU INTERESTED IN BECOMING A DONOR OF THE SOCIETY?**

**YES \_\_\_\_\_**

**(DONORS PROVIDE CRUCIAL FUNDING THAT SUPPORTS OUR MISSION)**

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HAVE YOU EVER BEEN CONVICTED OF A MOTOR VEHICLE OFFENSE?\_\_\_\_  
IF YES, PLEASE EXPLAIN:

\_\_\_\_\_  
HAVE YOU BEEN CONVICTED OF A FELONY IN THE LAST FIVE (5)  
YEARS? \_\_\_\_\_ IF YES, PLEASE EXPLAIN:

**REFERENCES**

PLEASE LIST TWO REFERENCES OTHER THAN FAMILY MEMBERS  
ONE PERSONAL, ONE BUSINESS

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to you \_\_\_\_\_

HOW LONG HAVE KNOWN THIS PERSON? \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address \_\_\_\_\_

Telephone \_\_\_\_\_

Relationship to you \_\_\_\_\_

How long have you known this person \_\_\_\_\_

**SCHOOL/ COMMUNITY SERVICE**

If your volunteer service is to fulfill school community service/court  
diversion or college requirements answer the following:

Name of School/College \_\_\_\_\_

Contact person: \_\_\_\_\_

Telephone \_\_\_\_\_

Court/Diversion program \_\_\_\_\_

Contact person \_\_\_\_\_

Telephone number \_\_\_\_\_

RELEASE OF LIABILITY & HOLD HARMLESS CLAUSE

The volunteer hereby understands, promises, and agrees that they and each of them forever release, discharge and covenant to hold harmless NHHS (New Hampshire Humane Society) and any other person, firm, or organization charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assigns from any and all claims, damages, costs, expenses, loss of services, actions, and causes of action belonging to the said volunteer/foster family, or to any other person or entity, arising out of any act or occurrence from the present time and particularly on account of the conduct, actions, adoption and/or recovery by NHHS of the dog/cat identified.

I give my permission to the New Hampshire Humane Society to verify any of the information given

_____	_____
<b>Prospective Volunteer Signature</b>	<b>Date</b>

Completion of this application does not automatically guarantee acceptance into the Volunteer Programme at New Hampshire Humane Society. All information is kept confidential and will not be distributed elsewhere.

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