

# VOLUNTEER INFORMATION FORM



We welcome youth volunteers, but please note that any volunteer under the age of 16 must be accompanied by a parent, guardian, or another volunteer who is OVER the age of 16.

## PART ONE: Tell us about yourself (please print legibly):

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Can you drive?  Yes  No Date of Birth: \_\_\_\_\_

Are you a high school student?  Yes  No When will you graduate? \_\_\_\_\_

Are you a college student?  Yes  No When will you graduate? \_\_\_\_\_

Do you have limited mobility, or any other limitations we should be aware of?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## PART TWO: I want to be a Shelter Volunteer ONLY!

- Please do not call me for any activities outside of the shelter (fundraisers, etc.)  
NOTE: YOU MUST FILL OUT PART SIX ON THE BACK OF THIS FORM.

I am interested in helping with:

- Wherever needed most.
- Walking dogs.
- Socializing/exercising cats.
- Cleaning/laundry/dishes.
- Yard work/gardening.
- Carpentry/maintenance.
- Website assistance.

I am volunteering for:

- My own enjoyment/just to help.
- Required hours through Eau Claire County Community Service.
- Required hours through UWEC Service Learning.
- Required hours through another program. (please list): \_\_\_\_\_

## PART THREE: I want to volunteer to help at the events I have checked below:

- |  |   |
|--|---|
| <input type="checkbox"/> Animal Art Auction        | <input type="checkbox"/> Pet of the Week              |
| <input type="checkbox"/> Baked Goods/Sales         | <input type="checkbox"/> Poster Distribution          |
| <input type="checkbox"/> Better in Show            | <input type="checkbox"/> Santa Paws Ornaments         |
| <input type="checkbox"/> Candy Bars Sales          | <input type="checkbox"/> Silent Auction               |
| <input type="checkbox"/> Canisters Program         | <input type="checkbox"/> Volunteer Host Program       |
| <input type="checkbox"/> Crafting/Bazaars          | <input type="checkbox"/> Raffles                      |
| <input type="checkbox"/> Education Booths          | <input type="checkbox"/> Unexpected Events (New/Misc) |
| <input type="checkbox"/> Food Stands               | <input type="checkbox"/> Shelter Volunteer*           |
| <input type="checkbox"/> Fido Fun Run              |   |
| <input type="checkbox"/> Pet Food Drive            |   |
| <input type="checkbox"/> Pet Therapy               |   |
| <input type="checkbox"/> Petsmart Adoption Program |   |

Note - if you have checked this box in Part Three, please go back to Part Two and check the areas in the left column that apply to what you are interested in. You also need to fill out Part Six on the back of this form.

For a description or details on any of the above events, just ask the Orientation Coordinator.

\*You must fill out Part Six on the back of this form

Please continue on the other side.

**PART FOUR: Please check if you are interested in these other areas of the Humane Association**

- Board of Directors Member
- Education/Outreach Committee Member
- Fundraising Committee Member
- Strategic Planning Committee Member

**PART FIVE: Do you have any special talents, interests or suggestions that you feel may be helpful to ECCHA?**

(Examples: Computer Programming, Crafting, Pet Grooming, Gardening, Snow-Plowing, Carpentry/Maintenance, etc.)

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PART SIX: Shelter Volunteer Information:**

NOTE: You only need to complete this information if you want to do volunteer work at the shelter.

In case of emergency, please provide the information listed below (please print legibly):

Emergency Contact Person: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Person's Phone Number: \_\_\_\_\_

Date of Last Tetanus: \_\_\_\_\_

Clinic: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Family Doctor: \_\_\_\_\_

**I have read and hereby agree to abide by the policies and procedures described in the ECCHA Volunteer Handbook. I further understand failure to follow these policies and procedures are grounds for termination. I declare that I am voluntarily requesting to work at the Eau Claire County Humane Association, Inc. (ECCHA) facility and/or outside fundraising, education/outreach, and/or other events. I hereby release the Eau Claire County Humane Association, its officers, agents and all employees from any and all claims, demands, actions, causes of action or any other liability for injury caused to myself while volunteering for ECCHA. I agree to indemnify and hold harmless the Eau Claire County Humane Association from any expenses incurred from injury while volunteering at ECCHA.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Office Use Only

Added to Mailing List     Received Volunteer Handbook    Orientation Date: \_\_\_\_\_