

Northwoods Humane Society
PO Box 82 Hayward, WI 54843
715-634-5394

JUNIOR VOLUNTEER APPLICATION & AGREEMENT

Name _____ Date _____

Address _____

City/State/Zip _____

Phone _____ Email Address _____

Education: Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Age: _____

What previous experience do you have working with animals? _____

AREAS OF INTEREST

- | | | |
|--|--|---|
| <input type="checkbox"/> Office and reception | <input type="checkbox"/> Dog Kennel Cleaning | <input type="checkbox"/> Cat Kennel Cleaning |
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Dog Socialization | <input type="checkbox"/> Dog Walking |
| <input type="checkbox"/> Thrift Shop Sales-Person | <input type="checkbox"/> Thrift Shop Donations | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Facilities Care | <input type="checkbox"/> Yard Care |
| <input type="checkbox"/> Special Events & Projects | <input type="checkbox"/> Pet Obedience | <input type="checkbox"/> Grooming/Bathing |
| <input type="checkbox"/> Data Entry | <input type="checkbox"/> Pet Therapy | <input type="checkbox"/> Transporting Animals |

AVAILABILITY FOR VOLUNTEERING Monday/Saturday 7:30am TO 3:00pm

- | | |
|------------------------------------|-------------------|
| <input type="checkbox"/> Monday | What Hours? _____ |
| <input type="checkbox"/> Tuesday | What Hours? _____ |
| <input type="checkbox"/> Wednesday | What Hours? _____ |
| <input type="checkbox"/> Thursday | What Hours? _____ |
| <input type="checkbox"/> Friday | What Hours? _____ |
| <input type="checkbox"/> Saturday | What Hours? _____ |

In a brief paragraph, please describe below your reasons for wanting to volunteer:

NORTHWOODS HUMANE SOCIETY WAIVER OF LIABILITY

My child has my permission to participate in the NHS JV Program, and I understand that NHS will not be held liable for any injuries or accidents incurred while volunteering.

Parent/Guardian Signature

Date

I understand that as a NHS Junior Volunteer that I would be required to follow guidelines and procedures as set by NHS.

JV Signature

Date