

## 2010 VOLUNTEER APPLICATION

Name \_\_\_\_\_ Date of Birth \_\_\_/\_\_\_/\_\_\_  
First MI Last

Address \_\_\_\_\_  
 \_\_\_\_\_  
City State Zip

Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  
Home Cell Work

E-mail \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_

Contact Phone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

**Please tell us a little about yourself:**

Occupation \_\_\_\_\_ May we contact you at work?  Yes  No

Do you have pets?  Yes  No Are they spayed / neutered?  Yes  No  
 If no, do you plan to breed them?  Yes  No

Which veterinarian do you use? \_\_\_\_\_

Do you have particular talents you are willing to provide to LCHS?

- Construction, type: \_\_\_\_\_
- Accounting  Legal
- Public speaking  Public relations / advertising
- Veterinary training (RVT, DVM)
- Dog Training; explain \_\_\_\_\_
- Other \_\_\_\_\_

I'd like to help LCHS with these efforts( check all that apply):

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Humane Education         | <input type="checkbox"/> Foster          | <input type="checkbox"/> TNR         |
| <input type="checkbox"/> Publicity                | <input type="checkbox"/> Fund-raising    | <input type="checkbox"/> Photography |
| <input type="checkbox"/> Newsletter               | <input type="checkbox"/> Facebook        | <input type="checkbox"/> Outreach    |
| <input type="checkbox"/> Spay / Neuter Transports | <input type="checkbox"/> Adoption events |                                      |
| <input type="checkbox"/> Other: _____             |  |                                      |

Other than your own pets, do you have experience working with animals?  Yes  No

If yes, please describe \_\_\_\_\_  
\_\_\_\_\_

Have you ever been accused of or convicted of animal cruelty?  Yes  No

Other than a traffic violation, have you ever been convicted of any criminal offense?

Yes  No If yes, please explain \_\_\_\_\_  
\_\_\_\_\_

Do you have a valid Kansas driver's license?  Yes  No

If yes, please provide # \_\_\_\_\_

Would you be willing to transport animals as part of your volunteer work?  Yes  No

If yes, is the car you'd be driving covered by liability insurance?  Yes  No

Name of Insurance Company \_\_\_\_\_

Have you ever pled guilty to a traffic violation?  Yes  No

Do you have any allergies, physical disabilities, or other limitations that may require accommodation or may restrict your volunteer activity?  Yes  No

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

Why do you want to volunteer for LCHS? \_\_\_\_\_  
\_\_\_\_\_

Did a current volunteer recommend you volunteer with LCHS?  Yes  No

If yes, please list their name so we can thank them. \_\_\_\_\_

I give permission to LCHS to verify any information given above.

\_\_\_\_\_/\_\_\_\_\_/2010  
(Signature)