



# Andalusia Area Humane Society

411 Pearl Street, Andalusia, Alabama, 36420

## Volunteer Application

The Andalusia Area Humane Society (AAHS) is a limited intake shelter. Our mission is to help save, spay & neuter, and find loving homes for animals in our area. We are an all-volunteer 501(c)(3) non-profit providing love, respect, and care for the pets at our facility for as long as it takes to find their forever homes. Through education and volunteer programs, we promote community awareness of pet overpopulation and responsibility.

Date: \_\_\_\_\_

Name: \_\_\_\_\_

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

Street City, State Zip: \_\_\_\_\_

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

Email: \_\_\_\_\_ Facebook: \_\_\_\_\_

Emergency #: \_\_\_\_\_ Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Date of Birth (*Must be at least 17 to volunteer without parent or guardian.*): \_\_\_\_\_

What kind of volunteer work have you done previously?

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

Do you have any special talent or work skills you would like to contribute?

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

Please indicate the time(s) which you would be available to volunteer:

Volunteer Hours are Monday - Friday, Sunday 4:00pm to 6:00pm, Saturday 10:00am - 12:00pm & 4:00pm to 6:00pm

Monday \_\_\_\_\_ Friday \_\_\_\_\_

Tuesday \_\_\_\_\_ Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_ Sunday \_\_\_\_\_

Thursday \_\_\_\_\_

Tell us in which areas you are interested in volunteering ( X, then circle all that apply):

\_\_\_\_ "HANDS ON" animal care: \_\_\_\_ Kennel Duty & Socialization: Dogs Cats \_\_\_\_ Medical Care \_\_\_\_ Dog Washing & Grooming \_\_\_\_ Dog Walker \_\_\_\_ Local Transports\* \_\_\_\_ Adoption Counseling \_\_\_\_ Behavior Evaluations \_\_\_\_ Photography \_\_\_\_ Dog Training \_\_\_\_ Events: \_\_\_\_ Saturday Adoptions \_\_\_\_ Off-site adoptions \_\_\_\_ Fundraising Events

\_\_\_\_ OFFICE SUPPORT : Computer/Data entry Mail-outs Adoption follow-up

\_\_\_\_ FACILITY MAINTENANCE: Handyman Building/kennel repair Yard care

\_\_\_\_ GENERAL HOUSEKEEPING: Laundry Sweeping Cleaning

\*A valid driver's license required

\*Health Insurance Information: Company \_\_\_\_\_ Policy# \_\_\_\_\_

\*Personal medical insurance is required for you to volunteer

Do you have a valid driver's license (circle): Yes No

Is your tetanus vaccination current (circle): Yes No

Do you have experience with shelter animals? Please explain.

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

How did you hear about AAHS? \_\_\_\_\_

Besides loving animals, why are you interested in becoming a volunteer at AAHS?

What type of pets do you have? \_\_\_\_\_

Are any of your pets rescue animals? Yes No Are all your pets spayed or neutered? Yes No

If not spayed or neutered, why? \_\_\_\_\_

Are you related to other AAHS volunteers or Board members? If yes, who?

REFERENCES:

Veterinarian (if possible): \_\_\_\_\_ Clinic: \_\_\_\_\_

Personal :

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

Emergency Contact:

Name \_\_\_\_\_ Phone #: \_\_\_\_\_ Relationship: \_\_\_\_\_

By signing below, I certify that my answers are true and complete. If this application leads to me becoming an AAHS volunteer, I understand that false or misleading information in my application or interview may result in my release. I also give permission to AAHS to verify any of the information provided. In addition, I understand that completion of this application does not guarantee acceptance to the AAHS volunteer program.

If selected as a volunteer, I agree to act responsibly and to work with all of the pets at my own risk. I release AAHS and its agents from any and all liability arising out of volunteering with AAHS. I agree that I am assuming personal responsibility for any potential injury that may occur on the premises of AAHS or on other premises if I am caring for an animal away from 411 Pearl Street, Andalusia. AAHS and its agents will not be held responsible for any damages or expenses incurred during my times volunteering.

Thank you for completing this application form and for your interest in volunteering with us.

SIGNATURE REQUIRED:

X \_\_\_\_\_ Date: \_\_\_\_\_

Please mail to: Volunteer Coordinator, AAHS, 411 Pearl St., Andalusia, AL 36420

