Humane Society
OF NORTHWEST GEORGIA

Humane Society of Northwest Georgia, Inc.

Volunteer Application

Name _____ Date of Birth ___/___/___

Parent's Name (if under 18 years) _____

Address _____ City _____

State _____ Zip _____ E-Mail Address _____

Home Phone _____ Cell Phone _____

Work Phone _____ Name of Workplace _____

Emergency Contact _____ Phone # _____

How did you hear about our volunteer opportunities? _____

_____

Previous volunteer experience _____

_____

Why do you want to volunteer with us? _____

_____

Do you own pets? Dogs_____ Cats _____ Horses _____ Other _____ Spayed/Neutered? _____

Describe your experience working with animals _____

_____

Do you have any disabilities that need to be accommodated? Is so, please explain _____

_____

We have 3 shifts per day, 7 days a week:
AM Shift starts 7:45 AM
Day Shift starts 1:00 PM
PM Shift starts 6:30 PM

Please indicate which days and times you would prefer to volunteer:

Mon _____ Tues _____ Wed _____

Thurs_____ Fri _____ Sat _____

Sun_____ Other_____

OVER