

# Lemhi County Humane Society

## VOLUNTEER APPLICATION

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

Name _____	Age (if under 18) _____
Address _____	City _____ State _____ Zip _____
Phone _____	Email _____

Your Availability: M  T  W  TH  F  Sat  Sun  Flexible

Can you work weekly? Y  N

How many hours do you anticipate volunteering weekly? \_\_\_\_\_

Why would you like to volunteer at LCHS? \_\_\_\_\_

\_\_\_\_\_

How would you like to volunteer? Rags & Wags  Shelter  Prefer Dogs  Cats

Briefly describe your experience with animals \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How did you hear about our volunteer program? \_\_\_\_\_

Any other information you would like to share with us? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please list one reference:

Name \_\_\_\_\_ Relationship \_\_\_\_\_

Phone \_\_\_\_\_

Signature of Volunteer

Date

Signature of Parent/Guardian (if volunteer under 18)

Date