



Columbiana County Humane Society

PO Box 101
1825 South Lincoln
Salem, OH 44460

Volunteer Application

Date of Application: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

What is the best way to reach you?

- Home Phone
- Cell Phone: Call Text
- Email

When is the best time to reach you?

- 8:00 AM to 12:00 PM
- 12:00 PM to 4:00 PM
- 4:00 PM to 8:00 PM

Emergency Contact and Relationship: _____

Phone: _____

References

Name and Relationship: _____

Phone: _____

Name and Relationship: _____

Phone: _____

Criminal Record

Note any criminal history (convicted of felony, required to register with law enforcement in Ohio or another state, on probation or parole). This will not automatically disqualify you as a volunteer.

Type of conviction and when: _____

Medical History

Let us know if you have any allergies, asthma, or any other condition that you would like for us to know about. _____

About You

How did you hear about the Columbiana County Humane Society Volunteer Program?

What do you hope to gain from your experience with the Columbiana County Humane Society?

Describe present and previous volunteer positions. _____

Skills, training, or hobbies you would like to share with us (dog training, farm animal handling, public speaking). _____

Are you presently: Employed Retired

Are you volunteering for: School requirements
 Community service requirements
 School-based internship

Volunteer Areas of Interest

- | | |
|---|--|
| <input type="checkbox"/> Community Events | <input type="checkbox"/> Donation/Supply Pick Up |
| <input type="checkbox"/> Fundraising/Special Events | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> PR/Publicity | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Photography | <input type="checkbox"/> Office |
| <input type="checkbox"/> Behavior Training | <input type="checkbox"/> Cat Care/Enrichment |
| <input type="checkbox"/> Dog Care/Walking | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Facebook/Website | <input type="checkbox"/> Physical Care of Premises |

Availability

When are you available to volunteer? Please note your best days and times and include any days and times that you would not be available.

I understand and agree that submitting this application form does not automatically register me as a Columbiana County Humane Society volunteer. There may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures, before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate.

Date _____

Printed Name _____

Signature _____

Return application to:

columbianacountyhumanesociety@gmail.com

OR

Columbiana County Humane Society
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