



## Volunteer Application

Thank you for your interest in volunteering at The Rutland County Humane Society (RCHS). Volunteers play a vital role within our organization. Without your support, we would not be able to assist nearly the number of animals who need help in our community.

RCHS encourages the involvement of volunteers who support our Mission “to provide shelter and adoption opportunities for homeless pets and to promote animal welfare through community programs.”

You must be 16 or older to volunteer independently. Children 14 and 15 may volunteer with a 21+ partner who will assume legal responsibility for the child. Both child and adult will be required to submit applications.

All applications will be screened to determine if your skills and availability will help us achieve our mission. New volunteers will be required to attend a Volunteer Orientation and Training.

Please complete and return the following application via email to sue@rchsvt.org, fax to 483-6342 or mail to 765 Stevens Road, Pittsford, VT 05763. Incomplete applications will not be accepted.

Date of Application: \_\_\_\_/\_\_\_\_/\_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Street: \_\_\_\_\_ City/State/Zip Code: \_\_\_\_\_

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

E- Mail address: \_\_\_\_\_ (PLEASE PRINT LEGIBLY)

Have you ever been convicted of a crime? \_\_\_\_\_

If so, please explain the nature of the offense and when you were convicted:

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

Please check the ones that you are interested in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dog Walking   | <input type="checkbox"/> Flyer Distributer | <input type="checkbox"/> Shelter Grounds             |
| <input type="checkbox"/> Misc Cleaner  | <input type="checkbox"/> Events            | <input type="checkbox"/> Fostering                   |
| <input type="checkbox"/> Pet Transport | <input type="checkbox"/> Mailings          | <input type="checkbox"/> Community Cat Room Cleaners |

**Emergency Contact:**

Name:
Relationship:
Contact Phone:
Alternate Phone:

**Personal References**

Please list the names and phone numbers of 2 personal (non-family) references:

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

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

**Availability:** (please place an "X" in the box to indicate when you are available)

Shift Times	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Morning 10-12							
Afternoon 1-3							
Afternoon 2-4							

Please list any special skills, training, hobbies:

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Thank you for taking the time to complete this application. If your skills and availability meet the requirements of our various volunteer positions, we will contact you for an interview to discuss the most suitable position for you and to arrange training.

I confirm that the information supplied by me on this application is true and correct.

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Parent or Legal Guardian (if required)

\_\_\_\_\_  
Signature