



VOLUNTEER APPLICATION

VOLUNTEER INFORMATION

Date: _____

Name: _____ Email: _____

Address: _____ Cell: _____ Texts? Y / N

Phone: _____

Are you at least 16 years of age? Yes/ No (HSUvalde requires any volunteer under the age of 16 to be accompanied by their parent or a guardian at least 18 years of age)

Do you have a history involving physical abuse/assault or animal abuse/cruelty? Yes/No
(Volunteers must undergo a criminal background check. Please complete the HSUvalde consent form)

Between the hours of 10am-8pm, 7 days a week, we are looking for volunteers to:

1. Help distribute coupons to families in need of assistance with the cost of spaying/neutering their pets.
2. Manage the kennel (feeding, walking, cleaning kennels, medication).
3. Assist with adoptions.
4. Support office operations by providing information distribution to office visitors.

Please mark with an "X" the hours/days you are able to work. If availability is different than what is shown, please fill in the time you can offer (10-12, etc).

	Mon	Tue	Wed	Thur	Fri	Sat	Sun	Other Available Times	I would like to help with:
10-2 pm									
2-6 pm									
8pm									Kennel Duty Only

How often: (circle one or more) * Daily * Weekly * Bi-Weekly * Monthly * As Backup

I am interested in volunteering: (circle one or more):

* Adoption Drives/Special Events * Fostering * Walking Dogs * Office Work * Kennel Duty

Would you prefer to volunteer as office staff only (limited contact with pets, no kennel duty)? Yes/No

Do you have a Facebook page? (HSU communicates primarily through email/facebook) Yes/No

Would you be able to attend monthly meetings/trainings? Yes/No

**Please submit this form in person (127 South Camp Street – Behind the HEB)
or via email hsuadoption@yahoo.com**

For Office Use Only

Approved (Yes /No Date): _____ Background Check (Yes/No Date): _____

No-Reason: _____ Orientation Date: _____

Signature: _____