Dear Applicant, Thank you for your interest in becoming a volunteer at CHA! Your work as a volunteer is very important to our organization. Your support will allow us to care for many animals in need within our community.

Prior to submitting your application, please take the time to review our Volunteer Handbook. You can find a copy in our website, www.chippewahumane.com. Our volunteer program has been redesigned and we would like you to become familiar with the changes.

 Our new volunteer program is divided in three different levels. As a volunteer, you need to work 40 hours within a six-month period before being able to advance to the next level. The Volunteer Handbook gives you information about the different positions available within each level of the program.

Before committing to our program ask yourself these questions:

• Can you commit to six to eight hours a month in scheduled two-hour shifts?

• Are you 18 years of age or older?

• Are you allergic to cats or dogs?

 • Are you willing to perform different tasks that don’t involve direct contact with the animals to help the shelter?

In order to become a volunteer, you will need to fill out a registration form and attend an orientation session. A $20 fee is required to enroll in the volunteer program. The fee covers your CHA Volunteer tshirt, orientation and training services and materials, and a one-year Volunteer level membership. The membership must be renewed annually in order to maintain your volunteer status.

If you think that our volunteer program is a good fit for you, submit your completed application via email (info@chippewahumane.com). You can also fax your application to (715) 382-4377 or drop it off at the shelter during business hours. If your application is approved, you will receive an acceptance letter and orientation information within 30 days upon receipt of your completed application. A big thank you from the animals and staff! Chippewa Humane Association

**Volunteer Application**

Thank you for your interest in volunteering with the Chippewa Humane Association! 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. Upon receipt of your completed application, we will notify you of the dates for our next volunteer orientation.

**Volunteer Information**

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

Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City, State, Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Main Phone \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Occupation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**If under 18 years old, please provide the following information (Volunteers must be 16 or older):**

Guardian Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Guardian Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

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

Please select your t-shirt size

☐ Small ☐ Medium ☐ Large ☐ X-Large ☐ Other: (If available) \_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Role Interest**

What areas are you interested in volunteering? Please mark all that apply;

* Assist with feeding
* Fundraising events
* Groundskeeping
* Socializing cats
* Grooming
* Cleaning and maintenance
* Kennel maintenance at PetSmart

Please list any skills or experience that may be useful to the shelter;

|  |
| --- |
|  |

Please list the hours you are able to volunteer;

|  |  |
| --- | --- |
| Monday |  |
| Tuesday |  |
| Wednesday |  |
| Thursday |  |
| Friday |  |
| Saturday |  |
| Sunday |  |

(Staff is here Mon, Wed, Fri, Sun 7-12 & Tues 7-6, Thurs 7-5, Sat 7-4)

**Tell Us More About Yourself**

Why do you want to volunteer at CHA? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

What experience do you have working with animals? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Do you have a pet now? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Is your pet spayed/neutered? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 How would you discipline your pet if he or she misbehaved? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Are you allergic to dogs or cats? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Can you commit to six to eight hours a month in scheduled two-hour shifts? \_\_\_\_\_

Is there any other information you would like to share with us? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Waiver of Liability

I certify that the statements made on this application are true and have been given voluntarily. I understand that this information may be disclosed to other parties, including for such purposes as criminal background checks, and I release CHA from any liability whatsoever for supplying such information. I fully understand and agree that filling out this volunteer application does not obligate the CHA to accept my request.

In consideration of CHA accepting my application for participation in shelter programs, I agree to release and hold harmless the CHA from and against any and all loss damage, attorney’s fees and disbursements, arising from or occasioned by my participation in CHA programs or events. I understand there is certain risk, inherent in handling animals and I accept those risks.

I agree that CHA may photograph my participation in programs or events, and hereby release any such photographs to CHA for use in programs, publications, and other purposes.

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_