



# NH Humane Society

Over a century of love for those without a voice.

|   |
|---|
| OFFICIAL USE ONLY: NAME: _____<br>DATE REC'VD _____ FEE _____ |
|---|

## Application to NHHS Volunteer Program

Please complete this application and return to: *New Hampshire Humane Society Attn: Tamara Saxby, P.O. Box 572, Laconia, NH 03247.* Questions about this application can be directed to: *(603) 524-3252 x309 or Tamara@nhhumane.org*

- Upon review of your application and volunteer job availability, you will be telephoned for an interview by the Volunteer Manager.,c.
- References will be checked prior to orientation session. Please ensure you have listed those other than family. This includes in-laws and other extended family members.
- You will be required to attend an orientation by invitation. Check the website for the dates ([www.nhumane.org](http://www.nhumane.org))
- This application will be given every consideration but its receipt does not imply that the applicant will be given a volunteer assignment.

**PLEASE NOTE:** All volunteers who work within the shelter and directly in contact with animals are **required to be 18 years of age**. However, if you are at least 16 years of age you can work at events and other shelter related activities. State of New Hampshire Proof of Permission for the Employment of Young age 16 or 17 must also be completed and signed by parent or legal guardian per RSA 276-A.

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discrimination on the basis of race, color, national origin, age, disability, religion, sex, familial status, sexual orientation, and reprisal.



# NH Humane Society

Over a century of love for those without a voice.

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

BEST PHONE TO REACH YOU HOME: \_\_\_\_\_ WORK \_\_\_\_\_ CELL: \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

ARE YOU OVER 18? YES \_\_\_ NO \_\_\_

EMERGENCY CONTACT PERSON: \_\_\_\_\_

PHONE: \_\_\_\_\_

RELATIONSHIP TO YOU: \_\_\_\_\_

ARE YOU EMPLOYED? YES \_\_\_ NO \_\_\_ POSITION HELD \_\_\_\_\_

ARE YOU RETIRED? YES \_\_\_ NO \_\_\_

IF YES, TYPE OF WORK DONE \_\_\_\_\_

ARE YOU VOLUNTEERING TO FULFILL REQUIRED COMMUNITY SERVICE HOURS?

YES \_\_\_ NO \_\_\_

HAVE YOU/OR A FAMILY MEMBER ADOPTED FROM NHHS? YES \_\_\_ NO \_\_\_

DO YOU CURRENTLY HAVE ANY ANIMALS IN YOUR HOME? \_\_\_\_\_

HAVE YOU EVER VOLUNTEERED BEFORE? @ NHHS \_\_\_ OTHER \_\_\_\_\_

DO YOU HAVE ALLERGIES OR ANY OTHER MEDICAL CONCERNS THAT WE SHOULD BE AWARE OF?

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



# NH Humane Society

Over a century of love for those without a voice.

Check which area/s you would like to be **considered** for volunteer work with New Hampshire Humane Society:

### FELINE DEPARTMENT

FELINE FOSTER HOME \_\_\_\_\_ (MUST BE OVER 21)  
FELINE KENNEL CARE \_\_\_\_\_  
CAT SOCIALIZATION \_\_\_\_\_

### CANINE DEPARTMENT

CANINE FOSTER HOME (MUST BE OVER 21) \_\_\_\_\_  
CANINE KENNEL CARE \_\_\_\_\_  
DOG SOCIALIZATION \_\_\_\_\_  
DOG WALKING \_\_\_\_\_  
PET THERAPY \_\_\_\_\_

### ADMINISTRATION

DATA ENTRY \_\_\_\_\_  
BULK MAIL \_\_\_\_\_

### EVENTS & FUNDRAISING

DOG BANK COLLECTORS \_\_\_\_\_ EVENT SUPPORT \_\_\_\_\_ OFF SITE PROMOTIONS \_\_\_\_\_  
EVENT COMMITTEE \_\_\_\_\_

### OUTREACH & EDUCATION

\*SCHOOL BASED EDUCATION \_\_\_\_\_ \*SCHOOL VISITS AND SOCIAL GROUPS TOURS \_\_\_\_\_  
\*REQUIRES PUBLIC SPEAKING & INTERACTION

### GROUNDWORK

GARDENING/LANDSCAPING \_\_\_\_\_ TRAIL MAINTENANCE \_\_\_\_\_  
BUILDING PROJECTS \_\_\_\_\_

### REFERENCES

Please list at least 2 people (not family members) who know you well. Include your current or last employer, if applicable.

| Name/Organization | Relationship to you | Length of relationship | Phone number |
|-------------------|---------------------|------------------------|--------------|
|                   |                     |                        |              |
|                   |                     |                        |              |
|                   |                     |                        |              |

HAVE YOU BEEN CONVICTED OF A FELONY? \_\_\_\_\_

IF YES, PLEASE EXPLAIN: \_\_\_\_\_

---



# NH Humane Society

Over a century of love for those without a voice.

## RELEASE OF LIABILITY & HOLD HARMLESS CLAUSE

The volunteer hereby understands, promises, agree and forever release, discharge and covenant to hold harmless NHHS (New Hampshire Humane Society) and any other person, firm, or organization charged or chargeable with responsibility or liability, their heirs, administrators, executors, successors, and assigns from any and all claims, damages, costs, expenses, loss of services, actions, and causes of action belonging to the said volunteer/foster family, or to any other person or entity, arising out of any act or occurrence from the present time and particularly on account of the conduct, actions, adoption and/or recovery by NHHS of the dog/cat identified.

I give my permission to the New Hampshire Humane Society to verify any of the information given .

|  |             |
|--|-------------|
| _____                                  | _____       |
| <b>Prospective Volunteer Signature</b> | <b>Date</b> |
| <b>*MUST BE ORIGINAL SIGNATURE</b>     |             |

## Permission to Photograph

I grant the New Hampshire Humane Society the right to take photographs of me in my function as a volunteer. I authorize, its assigns and transferees to copyright, use and publish the same in print and/or electronically.

I agree that New Hampshire Humane Society may use such photographs of me with or without my name and for any lawful purpose, including for example such purposes as publicity, illustration, advertising, and Web content.

I have read and understand the above:

|                    |            |
|--------------------|------------|
| Signature _____    |            |
| Printed name _____ | Date _____ |