



NH Humane Society

Over a century of love for those without a voice.

OFFICIAL USE ONLY: NAME: _____ DATE REC'VD _____ FEE _____

Application to NHHS Volunteer Program

Please complete this application and return to: *New Hampshire Humane Society Attn: Sam Stevens, P.O. Box 572, Laconia, NH 03247.* Questions about this application can be directed to: *(603) 524-3252 x306 or Sam@nhhumane.org*

- Upon review of your application and volunteer job availability, you will be telephoned for an interview by the Volunteer Coordinator.
- 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)
- 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.



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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?



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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

GROUNDS WORK

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: _____





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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 .

_____	_____
Prospective Volunteer Signature	Date
*MUST BE ORIGINAL SIGNATURE	

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 _____