



VOLUNTEER APPLICATION



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 📌 COLUMBIA ANIMAL SHELTER PA
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FOR OFFICE USE

Application Received: _____
 Training Completed: _____
 1 2 3 4 5

BASIC INFORMATION

NAME: _____ DOB: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EMERGENCY CONTACT INFORMATION

NAME: _____

RELATIONSHIP: _____ PHONE: _____

YOUTH VOLUNTEER PROGRAM

Our Youth Volunteer Program allows a younger animal advocate (age 14 and up) to work in the Shelter in the company of his/her parent or guardian (who must also complete a volunteer application). Please note that for legal reasons, you must be at least 16 years old to work with our cats, and at least 18 years old to work with our dogs, without an accompanying parent or guardian.

FOR OUR YOUTH VOLUNTEERS:

ARE YOU VOLUNTEERING AS PART OF A SCHOOL/COMMUNITY PROGRAM? YES _____ NO _____

YOUR AGE TODAY: _____ YOUR PARENT/GUARDIAN'S SIGNATURE: _____

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Why are you interested in becoming a Columbia Animal Shelter Volunteer? _____

Describe briefly your history of pet ownership and/or any previous experience you've had working with animals: _____

Do you have any skills, training or interests that might be helpful to the shelter? (e.g. grooming, behavioral/socialization experience, photography, writing skills, something else?) _____

AREAS OF VOLUNTEER INTEREST/NEED (PLEASE CHECK ALL THAT APPLY)

WILLING TO WORK WITH:

- DOGS
- CATS
- OTHER ANIMALS

SHELTER MAINTENANCE:

- CLEANING
- PAINTING
- GARDENING
- MINOR REPAIRS & CARPENTRY

COMMUNITY & FUNDRAISING

- COMMUNITY OUTREACH
- FUNDRAISING

SECRETARIAL & OFFICE SUPPORT:

- RECEPTION** (includes greeting the public, answering questions, escorting visitors to adoption areas, answering phones and making follow up calls to adopters)
- OFFICE/CLERICAL** (includes data entry using Microsoft Office Suite and other computer skills, filing, preparation of bulk mailings, etc.)

OTHER: _____

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AVAILABILITY

PLEASE CHECK DAYS AND TIMES YOU WOULD BE AVAILABLE FOR VOLUNTEERING: WEEKDAYS, WEEKENDS, AND SPECIFIC TIME BLOCKS. WE ASK THAT YOU COMMIT TO ONE SHIFT PER WEEK AT MINIMUM.

SHIFT TIME	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
8AM-10AM							
10AM-12PM							
12PM-2PM							
2PM-4PM							
4PM-6PM							

ARE YOU WILLING TO WORK ON A HOLIDAY IF NECESSARY AND WITH SUFFICIENT NOTICE? YES _____ NO _____

We occasionally experience an unexpected need for help (e.g., a weather emergency or a regularly scheduled volunteer's unplanned absence). **WOULD YOU BE ABLE AND WILLING TO BE PLACED ON OUR EMERGENCY PHONE CONTACT LIST TO PERHAPS FILL SUCH A NEED? YES ____ NO ____**

DO YOU AGREE TO A LOCAL CRIMINAL BACKGROUND CHECK (DONE BY THE COLUMBIA POLICE DEPARTMENT AT NO COST TO YOU)? YES ____ NO ____

I agree to hold Columbia Animal Shelter harmless and to release Columbia Animal Shelter from any liability related to my volunteering at Columbia Animal Shelter. I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind. I agree to comply with all of the policies, rules and regulations which may be established by Columbia Animal Shelter and understand that failure to comply may result in my immediate termination as a volunteer.

SIGNATURE: _____ DATE: _____

PLEASE NOTE THAT IT CAN TAKE TWO TO FOUR WEEKS TO PROCESS THIS APPLICATION AND FILLING OUT AN APPLICATION DOES NOT GUARANTEE THAT YOU WILL BE ACCEPTED INTO THE VOLUNTEER PROGRAM.

