VOLUNTEER APPLICATION

INFO@COLUMBIAANIMALSHFLTFR.COM



	 717-681-6858 717-449-5899 265 S. 10TH ST • COLUMBIA, PA 17 COLUMBIAANIMALSHELTER.COM COLUMBIA ANIMAL SHELTER PA @COLUMBIA_ANIMAL_SHELTER 		FOR OFFICE USE Application Received: Training Completed: 1 2 3 4 5
BASIC INFOR	MATION		
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 A	S PART OF A SCHOOL/COMMUNITY PROGRAM?	YESNO		
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 ow	vnership and/or any previous experience yo	u've had working with animals:
	erests that might be helpful to the shelter? Ils, something else?)	
AREAS OF VOLUNTEER INTE	REST/NEED (PLEASE CHECK ALL TI	HAT APPLY)
WILLING TO WORK WITH: DOGS CATS OTHER ANIMALS	SHELTER MAINTENANCE: CLEANING PAINTING GARDENING MINOR REPAIRS & CARPENTR	COMMUNITY & FUNDRAISING
SECRETARIAL & OFFICE SUPPO RECEPTION (includes greeting making follow up calls to adopt	g the public, answering questions, escorting v	visitors to adoption areas, answering phones and

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.

