



Jefferson County  
Humane Society

PO Box 57 • 15295 K4 Hwy  
Valley Falls KS 66088  
785-945-6600  
[www.jfcountypets.com](http://www.jfcountypets.com)

### VOLUNTEER APPLICATION

Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Home/Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Email \_\_\_\_\_ Date of Birth \_\_\_\_\_

Employer/School \_\_\_\_\_ Occupation \_\_\_\_\_

• Are you able to make a one year commitment to the Humane Society? If not, how long? \_\_\_\_\_

• How often would you like to volunteer? \_\_\_\_\_ Days/Hours? \_\_\_\_\_

• Any previous volunteer experience? \_\_\_\_\_

• Any previous animal experience? If yes, what type? \_\_\_\_\_

• Have you previously volunteered/worked at JCHS? If yes, when and reasons for leaving? \_\_\_\_\_

• What are your thoughts about euthanasia (humanely putting animals to sleep)? \_\_\_\_\_

• Are there any duties you would prefer not to perform? \_\_\_\_\_

• Are you volunteering through a referral from another agency (such as school, court, etc.)? If yes, please indicate the agency, contact person and the hours you are required to volunteer: \_\_\_\_\_

• Any special skills/talents you would like to put to use? \_\_\_\_\_

• Would you be interested in helping us with projects from time to time?

\_\_\_\_ Mailings \_\_\_\_ Special Events & Fund Raising \_\_\_\_ Parades & Festivals

\_\_\_\_ Publication Distribution \_\_\_\_ Website / Computer Maintenance \_\_\_\_ Phonerwork

**Emergency Information:**

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

Do you know the date of your last tetanus shot? \_\_\_\_\_

Do you have any physical, medical or psychological limitations that would affect your volunteer duties (such as a heart condition, back injury, allergies, pregnancy)? \_\_\_\_\_

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