



Jefferson County Humane Society

PO Box 57 • 15295 K4 Hwy
Valley Falls KS 66088
785-945-6600
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 _____