

OFFICE

DOGS

CATS

Santa Maria Valley Humane Society, Inc.

751 Black Road, Santa Maria, CA 93458

(805) 349-3435 * (805) 349-0066

www.smvhs.org

Volunteer Application

Volunteer Information			
Name			
Street Address			
City, State, ZIP Code			
Home Phone		Work Phone	
		Cell Phone	
E-Mail Address			
Age: 14 - 17	Age: 18 - 40	Age: 41 - 64	Age: 65 and older

Availability -	During which hours are you available for volunteer assignments?
<input type="checkbox"/> Weekday mornings (10AM – 1PM)	<input type="checkbox"/> Weekend mornings (10AM – 1PM)
<input type="checkbox"/> Weekday afternoons (1PM – 4PM)	<input type="checkbox"/> Weekend afternoons (1PM – 4PM)

Interests	Tell us in which areas you are interested in volunteering or have experience.
<input type="checkbox"/> Office Assistant	<input type="checkbox"/> Thrift Shop Clerk (Nipomo)
<input type="checkbox"/> Socializing Cats	<input type="checkbox"/> Thrift Shop Pricing
<input type="checkbox"/> Socializing-Exercising Dogs ORIENTATION REQUIRED	<input type="checkbox"/> Public Relations and Fund Raising Community Events
<input type="checkbox"/> Walk in Waller Park (Once a month) MUST HAVE DOG HANDLING ORIENTATION PLUS A MINIMUM OF ONE MONTH VOLUNTEER TIME AT THE SHELTER	<input type="checkbox"/> Fostering Dogs (request application)
	<input type="checkbox"/> Fostering Kittens (request application)
<input type="checkbox"/> Dog Trainer	<input type="checkbox"/> Networking (telephone) with Volunteers

Special Skills, Previous Volunteer Experience or Qualifications
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

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Person to Notify in Case of Emergency			
Name			
Relationship			
Street Address			
Home Phone	City	CA	ZIP
		Work or Cell Phone	
If Medical Care is Needed	In case of injury I want to be seen by my own Doctor __Yes __No preference		
Personal Physician & phone			
Complete address			

Agreement and Signature	
I understand and accept that there may be certain risks involved with working in a shelter/kennel environment and in handling animals. I hereby release the SMVHS, the County of Santa Barbara and the SMVHS staff and volunteers from any liability for damages, injury or death which may occur as a result of my participation as a volunteer.	
Name (printed)	
Signature	
Date	
If 14 – 17 parent must sign	

Injury Policy
It is the policy of the SMVHS that all incidents, no matter how minor they seem, be reported to office staff immediately and a incident report be made.

For Office Use Only	
Orientation Given By: _____	ID# _____
Dog Handling Handbook Received: _____	Safety Orientation _____
Volunteer Group:	Office __ Cats __ Dogs __
Schedule: (Circle volunteer day)	M T W TH F SA S
Circle desired shift	10AM – 1PM OR 1PM – 4PM