Toccoa-Stephens County Humane Shelter, Inc.

Volunteer Application

VOLUNTEER APPLICATION

IF COMMUNITY SERVICE PLEASE TYPE "YES" _____

Thank you for your interest in volunteering. Volunteers play a vital role within our organization. We encourage the participation of volunteers who support our mission.

Today's date:_____

Applicant Name:_____ Email:_____

Home address:_____ City, State, Zip:_____

Phone: Home: _____ Cell:_____ Work:_____

Emergency Contact:_____ Contact number:_____

Please describe any previous experience with animals:_____

_____

Please describe your special skills, training, hobbies:_____

Have you volunteered with TSCHS in the past? □Yes □ No

Are you 18 years of age or older? □Yes □ No

Are you volunteering to fulfill a school/college requirement? □Yes □ No if yes, how many hours?____

Excluding traffic violations, have you ever been convicted of a criminal offense? □Yes □ No

If yes, please explain:_____

Are you volunteering to fulfill court ordered or disciplinary action community service □Yes □ No Hrs:__

Please check the activities you may be interested in:

□Dog Walking/Socializing □Dog Grooming/Bathing □Cat Socialization □ Cleaning □Laundry□Building Maintenance □Offsite Adoptions □Fundraising Events □Pet Therapy □Lawn Maintenance Animal Care □PM Animal Care □Other

Please indicate time(s)/day(s) you are available to volunteer: _____

Applicant Signature:_____ TSCHS Initials:_____

Thank you for your interest in volunteering for the Toccoa-Stephens County Humane Shelter!

Submit via Email

Please note that some email programs and PDF applications don't allow you to email by using the "Submit via Email" button. If you are unable to submit using the button, complete the application, save it to your device, compose a new email to info@tschs.org and attach the saved file.