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# Longmont Humane Society

## Volunteer Application

Today's Orientation Date \_\_\_\_\_

*Please fill in all blanks completely and clearly, if we can't read it we can't reach you to volunteer.*

\*Name \_\_\_\_\_

\*Email Address: \_\_\_\_\_

\*Home Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_

\*Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

\*Occupation: \_\_\_\_\_ Work Phone: \_\_\_\_\_

\*Employer: \_\_\_\_\_ City: \_\_\_\_\_

\*Emergency Contact: \_\_\_\_\_ \*Phone: \_\_\_\_\_

Relationship: \_\_\_\_\_

*Some of our programs require you use your own vehicle.*

\*Do you have a valid driver's license and access to a vehicle? YES NO

\*Is the vehicle covered by liability insurance? YES NO

\*Are you willing to transport animals or donations in your vehicle? YES NO

\*Excluding traffic violations, have you ever been convicted of any criminal offense? YES NO

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

In order of preference please check the top three activities below that interest you the most, #1 being of highest interest to you.

\_\_\_ Administrative Assistant

\_\_\_ Foster Care -  
*In Home*

\_\_\_ Photo/Videographer -  
*Animals/website*

\_\_\_ Bingo

\_\_\_ Front Desk -  
*"Ask Me" Volunteer*

\_\_\_ Photo/Videographer -  
*Events*

\_\_\_ Birthday Parties

\_\_\_ Groomer

\_\_\_ Spay/Neuter Clinic

\_\_\_ Vaccination Clinic

\_\_\_ Events and Benefits

\_\_\_ Kennels

\_\_\_ Thrift Stores - check location

North  South  East

\_\_\_ Foster Care -  
*In Shelter*

\_\_\_ Kids Camp

\_\_\_ TLC  Dog TLC

Feline Friends

Small Paws

Additional Training Required

How did you hear about the LHS volunteer program and what made you interested in volunteering for LHS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What special skills, training, or hobbies do you have to offer as a volunteer for LHS?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How would you like to use these skills to help LHS through volunteering?  
(Please describe) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What skills would you like to develop or enhance while volunteering at LHS? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever volunteered before? \_\_\_\_\_ If so, for what organization, what was your role?  
\_\_\_\_\_  
\_\_\_\_\_

Are you still volunteering there? \_\_\_\_\_ If not, why did you leave the organization?  
\_\_\_\_\_  
\_\_\_\_\_

Do you have companion animals in your life and where did you acquire them? (shelter, rescue, pet store). \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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I confirm that all the information on this questionnaire is correct and true.

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

Questions, contact Carrie Brackenridge 303-772-1232 ext. 227 or [volunteers@longmonthumane.org](mailto:volunteers@longmonthumane.org)

Thank you for your interest in and support of Longmont Humane Society

**LONGMONT HUMANE SOCIETY  
VOLUNTEER RELEASE FORM**

I, \_\_\_\_\_, hereby agree to accept a position as a volunteer worker for the Longmont Humane Society, hereinafter referred to as the Society, and in so doing, I agree to comply with all of the rules and regulations which may be established from time to time by the Society. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without liability of any nature on behalf of the Society. All services to be performed by me are at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including but not limited to physical harm caused by the animals and/or transference of disease by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Society, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorneys fees incurred by the Society in connection with the same, based on the damages or injuries which may be incurred or sustained by me or any companion animal I may be in contact with in any way connected with my services or as a result of my services for the Society, including but not limited to, animal bites, accidents, disease or injuries.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VOLUNTEER

ATTENDED ORIENTATION ON \_\_\_\_\_  
DATE

I, \_\_\_\_\_, understand that public relations are an important part of volunteering at the Longmont Humane Society. On behalf of myself, my heirs, personal representatives and executors, I agree that the Society may use any photographs, videos, or other images taken of me for use in public relations efforts.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
VOLUNTEER