

LONGMONT HUMANE SOCIETY

YOUTH VOLUNTEER APPLICATION

PLEASE CIRCLE THE PROGRAM THAT YOU ARE APPLYING FOR:

- DOG TLC VOLUNTEER, AGES 14+
- JUNIOR ANIMAL CARE ASSISTANT VOLUNTEER, AGE 13+

Please type or print in blue or black ink.

DATE OF APPLICATION _____

NAME _____ BIRTHDATE _____

ADDRESS _____

CITY _____ ZIP _____

PHONE _____ E-MAIL _____

SCHOOL NAME _____ GRADE LEVEL _____

EMERGENCY CONTACT:

NAME _____ RELATIONSHIP _____

HOME PHONE _____ WORK PHONE _____

CELL PHONE _____

Do you have any allergies that might affect your work at the shelter? _____

Date of last tetanus inoculation _____

Please tell us about the companion animal(s) in your life. If you do not have a pet, please tell us what companion animal you would like to have and why.

Please turn over and complete questionnaire

Why do you want to volunteer at the Longmont Humane Society? Why is volunteering important to you?

Why do you think you'll make a good volunteer? What characteristics do you think make an outstanding volunteer?

What extra-curricular activities do you participate in? How will this affect your volunteering?

Have you ever volunteered your time elsewhere? If so, where? How long did you volunteer and why did you stop?

Will you have consistent transportation to and from the shelter on the days you volunteer?

How do your parents/legal guardians feel about your interest in volunteering at the shelter?

Do you understand and agree to follow the LHS dress code? _____

I confirm that all information supplied on this application is true and correct.

Teen Signature _____ Date _____

Parent/Guardian Signature _____ Date _____

Please turn in at Orientation – not before

Longmont Humane Society
9595 Nelson Road
Longmont, CO 80501
303-772-1232 ext. 278