

The Humane Society of Atlantic County



Volunteer Application

Adult (18 or older) _____ Junior (13 to 15) _____ Junior (16 to 17) _____

Contact Information

Name:	
Street Address:	
City ST ZIP Code:	
Home Phone:	
Mobile Phone:	
Work Phone:	
Current occupation:	
E-Mail Address:	

Availability

During which hours are you available for volunteer assignments?

- Weekday mornings Weekend mornings
 Weekday afternoons Weekend afternoons
 Weekday evenings Weekend evenings

Do you have any Allergies, Medical or Diet restrictions ? Yes No

If yes please provide details: _____

Are you currently a member of The Humane Society of Atlantic County? Yes No

Interests

** Tell us in which areas you are interested in volunteering

- Transport animals for elderly or disabled clients Data entry
 Help at our off-site events Foster care for Cats/Dogs
 Painting/Restoration work at the shelter
 Fundraising/Community awareness
 Landscaping & other yard work
 Office work, mailers, phone work
 Care for Cats and Kittens at the shelter
 Care for/Walk Dogs and Puppies at the shelter

Other _____

** Space for certain volunteer tasks is very limited and on a first come, first serve basis. **

Special Skills or Qualifications

Summarize any special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports.

Previous Volunteer Experience

Summarize any previous or relevant volunteer experience you may have. Please provide specific times and places as well as references if available.

Persons to Notify in Case of Emergency

Emergency contact one:	
Relationship:	
1 st phone to call:	
2 nd phone to call:	
Emergency contact two:	
Relationship:	
1 st phone to call:	
2 nd phone to call:	

Agreement and Signature

By submitting this application, I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal from the volunteer program here at The Humane Society of Atlantic County.

Name (printed)	
Signature	
Date	

Once completed, you can mail this to our address listed at the bottom of the page, email us at info@hsacpet.com or fax it to us at **(609) 344-0369**.

A conformation email will be sent once your volunteer application has been processed. You will be contacted once an orientation session has become a available.

Thank you for completing this volunteer application and for your interest in volunteering with The Humane Society of Atlantic County! We will contact you once the application has been accepted to setup an orientation session.

[Facebook users become a fan of The Humane Society of Atlantic County today and show your support.](#)

The Humane Society of Atlantic County is a private, 501(c)(3) non-profit organization.
1401 Absecon Blvd. Atlantic City, NJ 08401
<http://humanesocietyac.org>