

SAVING LITTLE LIVES



For Office Use

Application Received: _____
Contact Made: _____
Orientation: _____
Entered in System: _____

255 George LaPan Memorial Highway
Saranac Lake, NY 12983
(518) 891-0017 www.trilakeshumanesociety.org

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Street

City/Town

State

Zip

Email Address: _____ Phone: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____ Your D.O.B.: _____

Do you have prior volunteer experience? Yes No Where? _____

Why do you want to volunteer at Tri-Lakes Humane Society? _____

What are your expectations of your volunteer experience:

Briefly describe your history of pet ownership and/or any previous experience working with animals:

Describe any skills, training, or interests that might be of use to the Tri-Lakes Humane Society:

How did you find out about us?

Do you have any allergies, special needs, disabilities or restrictions that we should know about or that might require accommodations (peanut allergy, heart condition, use an aid/helper, back injury, etc.)?

Are you willing to participate in volunteer training?

Is there any further information you wish to provide?

What days and times are you available to volunteer? How often do you plan on volunteering?
Our volunteers are an integral part of the shelter and its operations, which is why reliable scheduling of volunteers is essential. Volunteering at the shelter is a serious commitment. Please take this into consideration when listing your availability below.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Time of day and planned length of stay: _____

Frequency: Once a week Once a month Other: _____

**Please note that we appreciate that our volunteers have lives outside the shelter and strive to accommodate scheduling conflicts, which is why we also welcome on-call volunteers who fill in for regular volunteers.*

What tasks would you be willing to perform? *Please check all that apply and be aware that some tasks are only performed at certain times of day.*

Cleaning cages/kennels

Dog Walking

Socializing Cats

Socializing Dogs

Maintenance

Cleaning

Office Work

Special Events

Fundraising

Other: _____

Once your application is received, you will be contacted to discuss scheduling, duties, and other pertinent information to volunteering at the shelter.

Volunteer Agreement

I understand that my time spent at the Tri-Lakes Humane Society is performed on a purely voluntary basis. I agree that my interactions with the animals will be performed with the utmost kindness and respect. At the same time, I understand these animals may exhibit unforeseen and unpredictable behaviors, such as growling, scratching, biting, etc. Should such behaviors present themselves, or should I enter into a situation where I am in need of assistance (involving an animal or otherwise), I understand that I must inform the shelter manager or other shelter employee as soon as possible. I also waive and release the Tri-Lakes Humane Society and its officers, directors, employees and volunteers from and against any and all claims I have or may have arising out of injury that I incur or may incur out of or in any way related to my volunteering at the facility.

Signature: _____ Date: _____

By typing your name above you are confirming that you acknowledge and agree to the above terms.

Please feel free to contact the Shelter Director with any questions or concerns at (518) 891-0017 or cms@trilakeshumanesociety.org.