Salem County Humane Society
Volunteer Questionnaire

Today’s Date ______________

We appreciate your interest in helping with our organization, in an effort to match your interests and skills with the many activities required to maintain the Salem County Humane Society, we ask you to complete this brief questionnaire.

Name: _______________________________________________________

Address: _______________________________________________________________________________________

City: ______________________  State: _____________  Zip: ____________

Phone:  Day: ______________________  Evening: ______________________

E-Mail: _______________________________________________________________________________________

How would you prefer we contact you?

Day phone ______  Evening phone ______  E-Mail ______

Age: ______  Birthday: ______________________

Have you ever volunteered at an animal shelter?  Yes ____  No ____

If yes, when and where?__________________________________________

When are you available for volunteer work? (circle all that apply)

Weekday Morning  Weekday Evenings  Weekend Morning

Weekend Evenings  Other _________________________________

Which do you prefer to work with?  Cats ___  Dogs ___  No Preference ___

Do you have any restrictions or limitations regarding the type of work you will be doing at the shelter? ______________________________________________

Would you be interested in joining a committee? (circle all that apply if interested)

Animal Health  Adoption  Bldg. Maintenance

Fund Raising  Public Relations

7/24/2017
Animal Related Opportunities

Check all activities in which you are interested:

_____ Feeding and cleaning kennels and cat rooms
_____ Exercising/socializing animals
_____ Transporting animals to veterinary visits*
_____ Providing foster care to animals*

* These types of activities would typically be delegated to volunteers who have volunteered at the shelter for a period of time and have a certain level of familiarity with the animals in our care.

Please list any skills you have that you think could benefit the shelter:

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

__________________________________________________________________________

Please list an emergency contact name(s) and phone number(s):

1. ______________________________________________________________________

2. ______________________________________________________________________

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For Office Use Only

Date contacted: ___________________________________________________________

Start date & shift: _________________________________________________________