

Date: \_\_\_\_\_



# Kennebec Valley Humane Society

## Volunteer Application

10 Pet Haven Lane, Augusta, ME 04330  
207-626-3491

Thank you for your interest in volunteering with the Kennebec Valley Humane Society! We need support in many areas including kennel cleaning, dog walking, pet socialization, animal transportation, and fundraising events. Please select the volunteer activities that most interest you. Once we process your application, we will call you to set up a time for Volunteer Orientation. Specifics about each activity will be discussed at that time. The information you provide on this form will help us find the most fitting job for you, and we will provide the appropriate training necessary. Please print your responses clearly. Thank you again for your interest in volunteering. Our four legged friends can't wait to meet you! **\* Volunteers 10-13 years of age must be accompanied by an adult volunteer at all times. If you plan on volunteering with a child between 10-13 years of age, please fill out separate volunteer applications for the both of you and submit them together.\***

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ MI \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email \_\_\_\_\_

Age \_\_\_\_\_ Date of Birth \_\_\_\_\_

What is the best way to contact you? [ ] Home phone [ ] Work phone [ ] Cell phone [ ] Email

What days are you available for volunteering? \_\_\_\_\_

### Please check the Volunteer Opportunities you would like to participate in:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Morning animal care (8am)                  | <input type="checkbox"/> Afternoon animal care (2pm) | <input type="checkbox"/> Dog walking           |
| <input type="checkbox"/> Housekeeping/laundry                       | <input type="checkbox"/> Cat socialization           | <input type="checkbox"/> Animal Transportation |
| <input type="checkbox"/> Events                                     | <input type="checkbox"/> Fostering                   | <input type="checkbox"/> Dog field trips       |
| <input type="checkbox"/> Fundraising                                | <input type="checkbox"/> Building maintenance        | <input type="checkbox"/> Lawn/yard care        |
| <input type="checkbox"/> Little Readers Program (children under 10) |  | <input type="checkbox"/> Small animal care     |

List any other areas of interest not listed above:

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### Personal (Experience, skills, history)

#### Do you have previous experience or special skills?

- Experience working with animals
- Volunteer work experience
- Events experience
- Formal education or training working with animals
- Fundraising experience

Date: \_\_\_\_\_



### History

Have you ever been convicted of a crime? [ ] Yes [ ] No  
Have you ever been tried for a felony crime? [ ] Yes [ ] No  
Have you ever been arrested? [ ] Yes [ ] No  
If yes, please explain:

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### Emergency Information

Do you have health insurance? [ ] Yes [ ] No  
Company \_\_\_\_\_ Policy # \_\_\_\_\_  
In case of an emergency, who can we contact?  
Name \_\_\_\_\_  
Phone number \_\_\_\_\_  
Address \_\_\_\_\_  
Relationship \_\_\_\_\_  
Please list any allergies:

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Are there any medical, physical or other limitations on the types of volunteer work you can perform? [ ] Yes [ ] No  
If yes, please explain:

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### COVID-19 (Volunteers not vaccinated will be asked to wear masks in the facility)

Have you received a vaccine for covid-19? [ ] Yes [ ] No [ ] Prefer not to answer

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**Community Service, Vocational Rehabilitation, Aspire, etc.** If you need Community Service hours for high school or college graduation, please state the school, how many hours you need to complete, and due date of the hours:

\_\_\_\_\_ If  
you will be volunteering with a Vocational Counselor or Case Manager, he or she must fill out and submit an application as well. Please provide the Vocational Counselor or Case Manager's information to assist with matching up the applications.

**Note:** Each counselor or case manager who will be working with you will need to complete a volunteer application and participate in the orientation and training with you.

Name \_\_\_\_\_

Title \_\_\_\_\_

Company \_\_\_\_\_

Phone Number \_\_\_\_\_

*\*If you were referred to KVHS for court-ordered Community Service or to receive leniency from the courts, a separate Community Service application will need to be obtained by the Volunteer Coordinator. You will need to be 18 years of age and older to participate in the community service program.\**

Date: \_\_\_\_\_



## Volunteer Contract

Please initial next to each number

1. I have completed this application and answered all information honestly and accurately. I give permission to the Kennebec Valley Humane Society to verify any information given on this volunteer application.
2. I understand that KVHS reserves the right to conduct background checks on any applicant applying for a volunteer position at KVHS.
3. In the event of an emergency, I hereby give permission for KVHS to seek emergency medical care for me.
4. I hereby agree that KVHS is not responsible for any injury, accident, or sickness which may occur to me in connection with the volunteer program.
5. I understand that I am required to wear a mask inside the shelter if I am not fully vaccinated against COVID-19.
6. I agree to sign up for volunteer shifts through the scheduling methods provided by KVHS. If I am unable to attend my volunteer shift I will contact the volunteer manager immediately.
7. **Confidentiality**  
It is expected that Kennebec Valley Humane Society volunteers will not breach any private or confidential information outside of KVHS concerning the animals, abuse cases, customer information, business decisions, and policies of the organization. This includes photographing animals that are not available for adoption. I agree to comply with the Kennebec Valley Humane Society confidentiality policy.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (required if under 18)

\_\_\_\_\_  
Date

**For office use only:**

Date accepted or denied: \_\_\_\_\_

Reason denied (if applicable): \_\_\_\_\_

Date applicant was contacted: \_\_\_\_\_

Scheduled orientation date: \_\_\_\_\_