



CARTERET COUNTY HUMANE SOCIETY

VOLUNTEER APPLICATION FORM

853 Hibbs Road

Newport, NC 28570

252.247.7744/252.247.7759 (f)

NAME _____

Last

First

ADDRESS _____

Street

City/Town

State

Zip

PRIMARY PHONE _____ **SECONDARY PHONE** _____

EMAIL ADDRESS _____

DEMOGRAPHIC INFORMATION (You may optionally provide the following information. It is used to help us get a better idea of the demographic make up of our volunteers):

Date of Birth: _____ **Age:** _____ **Gender:** _____

T-Shirt Size: AS AM AL AXL A2X Other : _____

AVAILABILITY ~ Please indicate the days and times you are **USUALLY** available to volunteer:

SPECIAL SKILLS, EXPERIENCE, INTERESTS

Please describe special skills, experience, training, interests, hobbies, pet experiences, etc, that might be helpful to the Carteret County Humane Society.

VOLUNTEER OPPORTUNITIES: Please check the activities that most interest you.

_____ Adopt A thons

_____ General Afternoon Cleaning (2-5p)

EMERGENCY CONTACT INFORMATION:

Emergency Contact Name: _____

Primary Phone: _____ Secondary Phone: _____

Relationship to Volunteer _____

_____ **Adult Volunteer:** Anyone 18 years or older. No adult supervision is required and dog walking is permitted.

_____ **Teen Volunteer:** Anyone 15-18 years old. Small dog walking permitted, must be under adult supervision.

_____ **Junior Volunteer:** Anyone under 15 years old. **Adult supervision is required while volunteering.** No dog walking is permitted, may accompany an adult walking dogs.

Supervising Adult's Name _____ Relationship _____

Supervising Adult's Primary Phone _____ Secondary Phone _____

Email Preferences: We like to keep volunteers informed of important news, schedule, and volunteer opportunities by email, however, will not send you any email you prefer not to received. Please initial below if you would like to receive volunteer emails.

Initials

Equal Opportunity Statement

We consider all volunteer applicants without regard to race, color, religion, sex, national origin, age, marital or veteran status, the presence of a job-related medical condition or disability, status with regard to public assistance or any other legally protected status.

_____ I have read the Equal Opportunity Statement

Signature
