



Volunteer Application

Mission Statement: To end dog and cat overpopulation in the Greater Toledo area by offering high-quality, affordable spay/neuter and promoting responsible pet care.

Thank you for your interest in Humane Ohio. YOU can make an impact on pet overpopulation and help animals and people in need. To be added to our volunteer database, please complete this application accurately and entirely. **Please print clearly.**

Volunteer Information

Full Name: _____ Date: _____
Last First M.I.

Address: _____
Street Address Apartment/Unit #

City State Zip

Home Phone: () _____ Cell/Work Phone: () _____

E-mail Address: _____ Date of Birth: _____

Age: _____
 How did you hear about Humane Ohio?
 Newspaper Friend Humane Ohio Web site Other Web site Other _____

- Donation Canister Volunteer Community Outreach (staff tables at festivals, etc.)
 TNR (Trap-Neuter-Return) Humane Ohio Pet Food Bank Spay Patrol Walk
 Medical Team Assistant (for first and second year veterinary technician students only)

Which volunteer area are you interested in:

What is your availability for volunteering? Daily Weekly Monthly Varies Weekdays Weekends

Have you ever volunteered for Humane Ohio? YES NO
 If so, when? _____

Occupation: _____

Employer: _____

Special Needs

Please list any special needs such as animal or food allergies, mental/physical disabilities, other:

Special Skills

Please list any special skills, interests or hobbies (computer skills, legal expertise, construction, vet assisting, electrical, event planning, photography, graphic design, public relations, sewing, etc):

Previous Volunteer Experiences

Please describe any past volunteer experience/positions:

Disclaimer and Signature

Please thoroughly read the following information and sign below.

I understand that as a volunteer with Humane Ohio I will give my time and effort in compliance with the Humane Ohio mission statement, the policies of Humane Ohio, and the volunteer guidelines as stated in the volunteer handbook.

I understand that there is no "minimum requirement" asked of me as a volunteer, however, I understand that Humane Ohio relies heavily on the support provided by volunteers to help maintain a superior commitment to the animals and the people we serve.

I understand that Humane Ohio does not carry medical insurance for volunteers and that any medical expenses incurred after injury related to Humane Ohio volunteer work must be covered by each volunteer and/or their own insurance company.

I have read the accompanying volunteer handbook and understand its content.

Signature: _____ Date: _____