



Iowa County Humane Society Volunteer Application

Date _____

Name _____

Date of Birth _____

Address _____

Home Phone # _____

City _____ State _____ Zip _____

Work Phone # _____

E-mail Address _____

Cell Phone # _____

In case of emergency, please notify _____ Phone # _____

Are you a student? Yes No What school? _____

Do you need to receive credit for the hours you work? Yes No

If so, to whom do you report these hours? _____

How often can you help? Daily Weekly Monthly Periodically Other _____

What days are you available? Mon. Tues. Weds. Thur. Fri. Sat. Sun.

At what times are you available? Mornings Afternoons Evenings Other _____

Do you have any physical limitations that we need to be aware of? Please explain: _____

Please describe your experience with animals: _____

What are your interests while volunteering at ICHS? *(This is not a complete listing of opportunities available, just a few that we frequently need help with. Please circle all that apply)*

Walk dogs Clean cat cages Clean dog kennels Socialize cats Groom animals

Help in the office Community Outreach Foster animals Other _____

What type of contact with animals do you prefer? Direct contact No direct contact Possible contact

Are there certain animals that you do not want to work with? _____

Are you allergic to anything? If so, please specify: _____

How did you hear about the Iowa County Humane Society? _____

All children under the age of 15 must be accompanied by an adult at all times for the safety of our volunteers and animals.