

LUCE COUNTY ANIMAL SHELTER

Volunteer Application

7351 County Road 391, Newberry, Michigan 49868

906-293-6622 – luceshelter.lcas@gmail.com

Date: _____

Personal Information

Name: _____ Age: (circle one) under 18 over 18

Address: _____

Phone Number(s): _____

E-mail address: _____

1. Please describe your reasons for wanting to volunteer at this animal shelter:

2. List any previous experience working with animals:

3. List any other experiences, paid or volunteer, that you think are relevant to volunteering at this shelter:

4. Please list any mental or physical limitations (including allergies) that could affect your volunteer work:

5. All volunteers are **required** to have their own health insurance. Please indicate your insurance company and policy number here, and show proof of your insurance (such as a copy of an insurance card)

Insurance Company: _____

Policy Number: _____

If at any time while you are working here, your insurance coverage should lapse, you **must** inform the shelter manager of the situation.

I understand that the LCAS does not provide health insurance coverage for its volunteers.

(Sign) _____ (Date) _____

6. Are you pregnant at this time, or are you trying to become pregnant? _____

(Due to possible health risks to fetuses, pregnancy will limit where you can work.)

7. How did you hear about our volunteer program? _____

8. References: Please give the names of two people, unrelated to you, who have known you for at least two years, whom we may contact.

Name: _____ Phone # _____

Years known: _____ Relationship: _____

Name: _____ Phone # _____

Years known: _____ Relationship: _____

9. Areas of Interest (choose as many as apply)

____ Cleaning _____ Yard or building maintenance

____ Office work _____ Foster Home

____ Animal Shelter Fundraising activities _____ Dog walker

____ Dog care _____ Cat Care

____ Kitty cuddler _____ Animal transport

____ Other (specify) _____

10. Availability:

Monday: hours _____ Friday: hours _____

Tuesday: hours _____ Saturday: hours _____

Wednesday: hours _____ Sunday: hours _____

Thursday: hours _____

11. Number of hours you're willing to work a week: _____ or month _____

12. Anticipated length of commitment (circle): 1-3 months 4-6 months 6-12 months

EMERGENCY CONTACT

Name: _____ Phone: _____

Address: _____

Relationship: _____

Your physician's name: _____ Phone: _____

Thank you for your interest in volunteering! Volunteers make things possible!

Shelter Use Only

Application Reviewed: _____ Date: _____ Application Approved: _____ Date: _____