

Calhoun County Humane Society

106 Haley Lane / P. O. Box 1505

Port Lavaca, TX 77979

361-553-8916

VOLUNTEER INFORMATION (Must be age 16 and above)

Name _____ Birth Date _____

Address _____ Driver License Number _____

City _____ Email _____

Cell Phone _____ Work _____ Other _____

In case of emergency, whom shall we contact? Name _____

Relationship _____ Cell Phone _____ Other _____

Do you have any experience as a volunteer? YES NO

If yes, what organization? _____

Do you have any physical, medical limitations or allergies? _____

Please select days and times that indicates your availability to volunteer:

___ Monday am / pm ___ Tuesday am / pm ___ Wednesday am / pm ___ Thursday am / pm

___ Friday am / pm ___ Saturday am / pm ___ Sunday am / pm ___ ANY DAY

Are you available regularly each week? YES NO Explain _____

Please indicate your area of interest:

___ Direct animal care ___ TLC (walking and bathing) ___ Adoption office

___ Community outreach ___ Special events ___ Website/Computer

___ Clerical ___ Digital photography ___ Other _____

Signature _____ Date _____

**VOLUNTEERS MUST BE A MINIMUM AGE OF 16 TO PERFORM SERVICES AS DESCRIBED.
LEGAL GUARDIAN'S SIGNATURE OF CONSENT IS REQUIRED FOR ALL MINORS (16 & 17 years).
Children age 13 to 15 may assist legal guardian with above duties at legal guardian's risk.
Calhoun County Humane Society IS NOT RESPONSIBLE FOR ANY ACCIDENTS OR INJURIES.**

Legal Guardian's Signature of consent _____ Date _____

Name & age of children (age 13 to 15) assisting *legal guardian*:

Name _____ Age _____ Name _____ Age _____

Name _____ Age _____ Name _____ Age _____