

17 and Under Parent or Guardian required with at all times

Columbia Humane Society Volunteer Application and Agreement

TODAY'S DATE: _____ YOUR NAME: _____ AGE: _____

ADDRESS: _____

STREET

CITY

STATE

ZIP

HOME PHONE: _____ Adult/Guardian Cell Phone _____

Youth's Cell Phone _____ Birthdate _____

May we contact you at work? _____ WORK PHONE: _____

EMAIL: _____ EMPLOYER: _____

EMERGENCY CONTACT: _____

NAME

PHONE NUMBER

RELATIONSHIP

PHYSICAL LIMITATIONS: _____ ALLERGIES: _____

**ALL VOLUNTEERS MUST ATTEND AN ORIENTATION MEETING
THESE ARE CURRENTLY HELD ON THE THIRD SATURDAY OF THE MONTH
AT 4 P.M. IN THE SHELTER LOBBY
Please call 503-397-4353 for an appointment.**

Available days and times (subject to change) Maximum of 2 hours per day, 2 days a week.

Please be able to commit to these days and hours each week, as we are depending on you.

Tuesday 11:00 to 1:00 ___
1:00 to 3:00 ___
3:00 to 5:00 ___

Wednesday 11:00 to 1:00 ___
1:00 to 3:00 ___
3:00 to 5:00 ___

Thursday 11:00 to 1:00 ___
1:00 to 3:00 ___
3:00 to 5:00 ___

Friday 11:00 to 1:00 ___
1:00 to 3:00 ___
3:00 to 5:00 ___

Saturday 11:00 to 1:00 ___
1:00 to 3:00 ___
3:00 to 5:00 ___

___ Cleaning (kennels, floors, etc.) ___ Laundry ___ Dog Walking
___ Landscape/Weeding ___ Trash/debris removal ___ Dog washing
___ Dog/Cat Food bagging

Youth
Volunteer
Signature _____ Date _____ Parent/Guardian _____