

371 Ward Street Port Hope, Ontario L1A 4A4 Tel: 905-885-4131 Fax: 905-885-8027

Volunteer Application

Information gathered herein is intended to assist the Northumberland Humane Society in making the best possible use of your experience, skills and interests while attempting to meet ongoing NHS requirements. All information will be kept confidential and will not be distributed to any organization, business or member of the public. Thank you for considering NHS as the grateful recipient of your valuable time and assistance.

First Name				Last Name				
Home Address			City				Postal Code	
Contact Number								
Email				Year of Birth				
Volunteer Experience	ce Ski	ills						
Restrictions (ie: no heavy lifting, no large dogs, allergies, etc.)								
Volunteer Interests (please check)								
Cat Enrichment Dog Walking		Driving/D		istribution	Maintenance: shoveling	ntenance: grass cutting, snow veling		
Fundraising/Special Events				Thrift Shop Volunteer		, , , , , , , , , , , , , , , , , , ,		
			Availa	ability (ple	ase check)			
Monday	Morning		Afternoon		Evening	Event Sp	pecific Yes/No	
Tuesday	Morning		Afternoon		Evening	Event Sp	pecific Yes/No	
Wednesday	Morning		Afternoon		Evening	Event Sp	pecific Yes/No	
Thursday	Morning		Afternoon		Evening	Event Sp	pecific Yes/No	
Friday	Morning		Afternoon		Evening	Event Sp	pecific Yes/No	
Saturday	Morning		Afternoon		Evening	Event Sp	pecific Yes/No	
Sunday Morning		Afternoon		Evening	Event Sp	pecific Yes/No		
Emergency Contact	t Nam	e and Telephon	e Number					

Signature of Applicant	Date				