

Thank you for your interest in volunteer service at the Capital Area Humane Society. Please complete the items below so that we may get to know more about you and your interests.

About STEPS

This application must be submitted 3 weeks prior to the program start date.

The STEPS program consists of 20 hours of curriculum followed by 5 hours of volunteering with a mentor. There are two track options from which to choose. Please note that once you are accepted into a class, you may only attend the scheduled sessions for that particular class. Attendance at each session is mandatory for completion of the program and graduation into our volunteer program.

For which class are you applying?

- 5 Thursday Evenings
- 5 Saturday Mornings
- First Available

About You

Name: _____ Date of Birth: _____

Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____ # / types of pets at home: _____

Volunteers ages 12-15 must have an adult partner with whom they attend classes *and* volunteering in order to be eligible to participate in the Junior Volunteer program. All volunteers under the age of 18 must have a completed parental permission form on file to participate in the STEPS program.

For which program are you applying?

- Adult Volunteer** (ages 18 and up)
- Teen Volunteer** (ages 16-17)
- Junior Volunteer** (ages 12-15) **Adult Volunteer Partner:** _____

Please tell us why you are interested in volunteering with the Capital Area Humane Society:

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Please check all that apply: I am a pre-vet or student looking for hands-on experience with animals
 I am a student requiring service hours. Number of hours: _____
 I am an offender requiring community service hours. Number of hours: _____

Please mark the selections in which you have experience and / or interest:

Interest	Experience	Skill	Interest	Experience	Skill
<input type="checkbox"/>	<input type="checkbox"/>	Dog Care	<input type="checkbox"/>	<input type="checkbox"/>	General Housekeeping
<input type="checkbox"/>	<input type="checkbox"/>	Dog Training	<input type="checkbox"/>	<input type="checkbox"/>	Grooming
<input type="checkbox"/>	<input type="checkbox"/>	Cat Care	<input type="checkbox"/>	<input type="checkbox"/>	Special Events
<input type="checkbox"/>	<input type="checkbox"/>	Rabbit Care	<input type="checkbox"/>	<input type="checkbox"/>	Veterinary Services
<input type="checkbox"/>	<input type="checkbox"/>	Customer Care	<input type="checkbox"/>	<input type="checkbox"/>	Cruelty Investigations
<input type="checkbox"/>	<input type="checkbox"/>	Administrative/Clerical	<input type="checkbox"/>	<input type="checkbox"/>	Other: See Below

Please tell us more about your interests and experiences indicated above:

How many hours per week are you able to commit to volunteering at the Humane Society? _____

Excluding traffic violations, have you ever been convicted of a criminal offense? YES NO

If yes, please explain: _____

Name of Employer or School: _____

Does your employer offer a matching program for service hours or donations? YES NO

Emergency Contact Information

Name: _____ Relationship: _____

Phone: _____ Alternate Phone: _____

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Volunteer Waiver

I, _____, agree to serve as a member of the volunteer team at the discretion of the Capital Area Humane Society, and to abide by the policies and procedures as explained to me by the Humane Society during any volunteer training, activity or communication.

I understand that my picture or image may be taken when I am doing volunteer work for the Humane Society and used for promotional activities. I understand that I will receive no compensation for giving this permission.

I agree that because I may handle animals, I am at risk for zoonotic illness and it is important to discuss being vaccinated against potential diseases such as tetanus with my physician.

I understand that there are risks and hazards working with animals. I assume those willingly and agree to hold the Capital Area Humane Society harmless in the event of accident or injury.

I certify and warrant that I am in good physical condition and able to participate in the above activities, and I agree to do so at my own risk.

I expressly agree and acknowledge that my participation is as a volunteer and not as an employee of the Humane Society and that I understand and agree that I shall not accrue nor shall I be entitled to any Humane Society employee benefits or other incidents of employment by virtue of this agreement.

It is the policy of the Capital Area Humane Society to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age or disability.

Signature

Date

Next STEPS

This application is to be submitted to the Volunteer Programs Manager by fax, email or in-person no later that 3 weeks prior to the start date of the STEPS class that you wish to attend. Once we review your application, you will be contacted via email no later than one week prior to STEPS start date. Please note that you will only receive a phone call if an email address is not provided. Thank you! We look forward to working with you.

If you have any questions, please contact:

Jessica Kendro
Volunteer Programs Manager
(614) 777-7387 ext. 248
Fax: (614) 777-8449
jkendro@cahs-pets.org
www.cahs-pets.org

Office Use

Received: _____ Action: _____

Contact: Email / Phone: _____ Waiver Complete Volgistics

Notes: _____