

Capital Area Humane Society



Shelter Tour and Presentation Request Form

Please complete this form and return it to the Humane Society's Volunteer Program Coordinator at least 30 days prior to your scheduled event.

Which are you requesting?: ___ Tour of CAHS ___ Presentation

Name of group/school requesting the tour/presentation? _____

Contact person: _____

Phone number: _____ Email: _____

Address: _____

Preferred Date for tour/presentation: _____

Preferred time of day: From _____ to _____

Location: _____

How many people do you expect to attend? _____

Who is the target audience? _____

What species of animals may come if available? _____

Is your group willing to do a project to earn a tour or presentation? ___ Yes ___ No

Please describe the project: _____

Please return form to: Amy Castaneda
Coordinator of Volunteer & Staff Programs
Capital Area Humane Society
3015 Scioto-Darby Executive Court
Hilliard, OH 43026

614-777-7387 ext. 248
Fax: 614-777-8449
acastaneda@cahs-pets.org