



VOLUNTEER APPLICATION

Riverside Humane Society Pet Adoption Center
 5791 Fremont Street, Riverside, CA 92504
 Phone: (951) 688-4340 • Fax: (951) 359-6417
 e-mail: rhs@petsadoption.org • Website: www.petsadoption.org

PLEASE DON'T FORGET TO COMPLETE BOTH SIDES OF THIS APPLICATION

DATE OF APPLICATION		FOR OFFICE USE ONLY: DATE APPLICATION RECEIVED:	
NAME		HOME PHONE	
ADDRESS		CITY	ZIP CODE
E-MAIL ADDRESS			
DATE OF BIRTH <i>(Must be at least 16 to volunteer)</i>		<input type="checkbox"/> UNDER 18 YEARS OF AGE	
IF UNDER 18, NAME OF PARENT/GUARDIAN		PARENT/GUARDIAN'S HOME PHONE	PARENT/GUARDIAN'S WORK/OTHER PHONE
APPLICANT'S DRIVERS LICENSE #		STATE	EXPIRATION DATE
APPLICANT'S EMPLOYER			
ADDRESS		CITY	ZIP CODE
WORK HOURS	WORK PHONE	WORK DUTIES	
YEARS OF SCHOOL COMPLETED (K-12)	COLLEGE	TECHNICAL TRAINING	
SCHOOL COURSES/MAJOR		LEISURE HOBBIES	
OTHER VOLUNTEER EXPERIENCE			
EXPERIENCE WITH ANIMALS			
LIST CURRENT PETS			
WHY DO YOU WANT TO VOLUNTEER WITH THE RIVERSIDE HUMANE SOCIETY?			
WHEN CAN YOU VOLUNTEER?			
<input type="checkbox"/> Sundays/Hours:	<input type="checkbox"/> Mondays/Hours:	<input type="checkbox"/> Tuesdays/Hours:	<input type="checkbox"/> Wednesdays/Hours:
<input type="checkbox"/> Thursdays/Hours:	<input type="checkbox"/> Fridays/Hours:	<input type="checkbox"/> Saturdays/Hours:	<input type="checkbox"/> Flexible/Varies/As Needed
WHICH PROGRAMS DO YOU WANT TO VOLUNTEER WITH? (CHECK ALL THAT APPLY)			
<input type="checkbox"/> Dog Socialization	<input type="checkbox"/> Cat Socialization	<input type="checkbox"/> Pet Assisted Therapy (Mon-Fri only)	
<input type="checkbox"/> Pet Behavior Help Line	<input type="checkbox"/> Foster Program/Cats	<input type="checkbox"/> Office/Clerical (Tues-Sat only)	
<input type="checkbox"/> Special Events/Fundraising	<input type="checkbox"/> Foster Program/Dogs	<input type="checkbox"/> Dog Bathing/Grooming	

FOR OFFICE USE ONLY

- DATE APPLICANT CONTACTED FOR VOLUNTEER ORIENTATION: _____
- VOLUNTEER ORIENTATION COMPLETED ON: _____
- SCHEDULED FOR DOG SOCIALIZATION TRAINING ON: _____
- SCHEDULED FOR CAT SOCIALIZATION TRAINING ON: _____
- SCHEDULED FOR OFFICE/CLERICAL TRAINING ON: _____
- SCHEDULED FOR DOG BATHING/GROOMING TRAINING ON: _____
- SCHEDULED CAT FOSTER PARENT TRAINING ON: _____
- SCHEDULED DOG FOSTER PARENT TRAINING ON: _____
- SCHEDULED FOR PET BEHAVIOR HELPLINE TRAINING ON: _____
- INTERNSHIP FOR PET ASSISTED THERAPY COMPLETED ON: _____
- RECEIVED GUIDEBOOK PURCHASED T-SHIRT GIVEN TOUR
- SENT EXIT LETTER ON: _____

- FOR ORIENTATION TO BE HELD: _____
- DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - DATE COMPLETED: _____
 - WITH: _____
 - DATE RECEIVED: _____

EMERGENCY NOTIFICATION

NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
HOME PHONE	WORK/OTHER PHONE	
NAME	RELATIONSHIP	
ADDRESS	CITY	ZIP CODE
HOME PHONE	WORK/OTHER PHONE	

MEDICAL INFORMATION

PHYSICIAN	PHONE	
ADDRESS	CITY	ZIP
HOSPITAL	PHONE	
INSURANCE CARRIER	PATIENT ID #	
INSURANCE'S ADDRESS	CITY	ZIP

MEDICAL ALERT INFORMATION (ALLERGIES, PRE-EXISTING CONDITIONS, ETC.)

LIST ANY SPECIAL CONSIDERATIONS YOU MAY NEED IN ORDER TO VOLUNTEER

TETANUS WAIVER STATEMENT

I UNDERSTAND THAT BECAUSE I WILL BE HANDLING ANIMALS, IT IS IMPORTANT TO BE VACCINATED AGAINST TETANUS. I AGREE TO TAKE RESPONSIBILITY FOR ASSURING MY PROTECTION FROM RISK AND RELEASE THE RIVERSIDE HUMANE SOCIETY PET ADOPTION CENTER FROM ANY LIABILITY.

APPLICANT'S SIGNATURE _____ DATE _____

**PARENTAL CONSENT (REQUIRED ONLY IF YOU ARE BETWEEN 16 AND 18 YEARS OF AGE)
TO BE COMPLETED BY PARENT/GUARDIAN OF THE VOLUNTEER**

I HEREBY GIVE PERMISSION FOR _____ TO PARTICIPATE IN THE RIVERSIDE HUMANE SOCIETY PET ADOPTION CENTER'S VOLUNTEER PROGRAM. IN ADDITION, I UNDERSTAND AND AGREE TO THE TERMS OF THE TETANUS WAIVER STATEMENT.

PARENT/GUARDIAN SIGNATURE _____ DATE _____