

 VOLUNTEER INFORMATION SHEET 



HOME OF THE
CHARLOTTE EDKINS
ANIMAL ADOPTION CENTER

3499 Highway 93 North
P.O. Box 221

Kalispell, MT 59903

Phone: 406.752.7297

Fax: 406.755.7388

Web: www.hsnwmt.com

Email: volunteers@hsnwmt.com

Thank you for interest in the Humane Society of Northwest Montana's volunteer program. Due to health and safety reasons, our volunteer program is designed for ages 16 and older and all volunteers are required to attend an in-house orientation. We also offer a family friendly volunteer program for families with children ages 10 - 15 whereby the family attends orientation and volunteers together; children must be accompanied by a parent/guardian at all times.

Volunteer orientation is scheduled monthly and orientation dates and times are listed on our website, www.hsnwmt.com and posted at the front desk.

For further details, please contact our Volunteer Program Coordinator at 752-7297.

We look forward to meeting you!!

Date: _____

Name _____

Mailing Address: _____ City: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell: _____

Employer: _____

Email Address: _____

Circle all that apply: Employed Retired Not employed Student

Volunteers are needed in the following areas. Please select the areas that you are interested in volunteering.

- Animal care (socializing and grooming cats and dogs; walking dogs)
- Educational outreach (helping with youth program or giving presentations in schools)
- Foster care (in-home care for animals with special needs)
- Fundraising (assist board members and staff in fundraising efforts)
- General administrative (preparing mailings, data entry, special research, desk projects)
- Greeter/Tour guide (volunteers who greet & tour visitors through the facility)
- Kennel Assistants (help clean kennels and feed the animals)
- Special events (on and off-site, including accompanying mobile adoption vehicle to various locations)

Do you have any experience in the following areas (working with animals, artistic abilities, computer skills, professional grooming, public speaking, writing skills, or fundraising skills)?

If so, please list all that apply: _____

Do you have previous volunteer experience? If so, give organization name(s) and service(s) you provided:

Any additional information you'd like us to know? _____

How did you find out about our volunteer program?

Do you know a local business owner or individual who might be willing to donate services or become a sponsor of the Humane Society?

Can you commit to volunteering for a minimum of 2 months? Yes _____ No _____

If not, how long can you volunteer?

Can you commit to volunteering for a minimum of 2 hours per week? Yes _____ No _____

What day(s) of the week and time(s) between 8 a.m. and 5 p.m. are you interested in volunteering?

Monday _____ Tuesday _____

Wednesday _____ Thursday _____

Friday _____ Saturday _____

Sunday _____ Any day _____