



VOLUNTEER QUESTIONNAIRE

Humane Society of St. Lucie County

Name: _____
LAST FIRST INITIAL

Address: _____
STREET APT CITY ZIP

Phone: _____ Day _____ Evening _____ Cell _____

Are you at least 18 years of age? Yes No E-mail: _____

How did you hear about this volunteer opportunity? _____

Why would you like to volunteer for the Humane Society? _____

Please indicate areas of interest to you:

Shelter Volunteer _____ Outside Adoptions _____ Help in the Store _____

Fostering _____ Pet Therapy _____ Speakers Bureau _____

Fund Raisers: Luncheons/Dinners _____ Silent Auctions _____
Golf/Bowling/5k runs _____ Contests _____

Committees: Serve _____ Chair _____ Chair an event _____

Planning _____ Publicity _____ Entertainment _____
Sponsorship _____ Raffle/auction items _____

I am available: year round _____ summer only _____ winter only _____
MONTH MONTH

PLEASE CIRCLE ALL THAT APPLY:

Days: Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Hours: mornings early afternoon late afternoon evenings

Volunteer/other relevant experience, please: _____

I have read the Volunteer Requirements (attached) and agree to the terms.

SIGNATURE DATE PARENT (if under 18)

PLEASE ANSWER ALL QUESTIONS. INCOMPLETE APPLICATIONS WILL NOT BE CONSIDERED.