



Volunteer Form

Volunteer's Information

Date: _____	Name: _____	
Address: _____	City: _____	Zip: _____
Phone: _____	Email: _____	
Birthdate: _____		

Volunteer Opportunities- (Please Check all that you are interested in)

<input type="checkbox"/>	Dishes / Sweeping / Mopping / Laundry (morning)
<input type="checkbox"/>	Dog Walking (afternoon)
<input type="checkbox"/>	Cat Socializing (afternoon)
<input type="checkbox"/>	Wash Windows (morning / afternoon)
<input type="checkbox"/>	Yardwork: raking, pulling weeds (morning/ afternoon)
<input type="checkbox"/>	Dog / Cat Baths and grooming (afternoon)
<input type="checkbox"/>	Exercising dogs in big grass run area (afternoon)
<input type="checkbox"/>	Professional Photographer (when needed)
<input type="checkbox"/>	Fundraising & Special Events

I am interested in regular / occasional volunteering. (circle one)

Dates that I am interested in Volunteering: (circle all that apply)

Monday / Tuesday / Wednesday / Thursday / Friday / Saturday / Sunday

Please list 2 emergency contacts:

1. Name: _____ Phone Number: _____

2. Name: _____ Phone Number: _____

*You must be 18 years old to walk dogs, 16 years old to be with the cats and under 16 years old must always be with an adult .

*All volunteer applications will have a back-round check done.

*Volunteer hours do not count as Community Service hours.

*LCHS will make a photo copy of my Driver's License to attach to Volunteer application.

Applicant's Signature: _____

Date: _____

(Parent/ Guardian Signature is needed if under 18 years old)

Signature: _____

Date: _____

Enter at your own risk

Upon entering this facility, you accept full risk and responsibility for any injuries or accidents that may occur. There are live animals that may not have been vaccinated in this facility. If you enter, you assume full responsibility for any incidents that may occur.

LCHS Staff:

___ CCAP check ___ Copy of Driver's License