

Northwoods Humane Society  
P.O. Box 82 Hayward, WI 54843  
715/634-5394

**JUNIOR VOLUNTEER APPLICATION & AGREEMENT**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Education: Highest Grade Completed: 1 2 3 4 5 6 7 8 9 10 11 12 Age: \_\_\_\_\_

What previous experience do you have working with animals? \_\_\_\_\_

**AREAS OF INTEREST**

- |  |  |   |
|--|--|---|
| <input type="checkbox"/> Office and reception      | <input type="checkbox"/> Dog Kennel Cleaning   | <input type="checkbox"/> Cat Kennel Cleaning  |
| <input type="checkbox"/> Cat Socialization         | <input type="checkbox"/> Dog Socialization     | <input type="checkbox"/> Dog Walking          |
| <input type="checkbox"/> Thrift Shop Sales Person  | <input type="checkbox"/> Thrift Shop Donations | <input type="checkbox"/> Foster Care          |
| <input type="checkbox"/> Fund Raising              | <input type="checkbox"/> Facilities Care       | <input type="checkbox"/> Yard Care            |
| <input type="checkbox"/> Special Events & Projects | <input type="checkbox"/> Pet Obedience         | <input type="checkbox"/> Grooming/Bathing     |
| <input type="checkbox"/> Data Entry                | <input type="checkbox"/> Pet Therapy           | <input type="checkbox"/> Transporting Animals |

**AVAILABILITY FOR VOLUNTEERING Monday/Saturday 7:30am TO 3:00pm**

- |                                    |                   |
|------------------------------------|-------------------|
| <input type="checkbox"/> Monday    | What Hours? _____ |
| <input type="checkbox"/> Tuesday   | What Hours? _____ |
| <input type="checkbox"/> Wednesday | What Hours? _____ |
| <input type="checkbox"/> Thursday  | What Hours? _____ |
| <input type="checkbox"/> Friday    | What Hours? _____ |
| <input type="checkbox"/> Saturday  | What Hours? _____ |

In a brief paragraph, please describe below your reasons for wanting to volunteer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**NORTHWOODS HUMANE SOCIETY WAIVER OF LIABILITY**

My child has my permission to participate in the NHS JV Program, and I understand that NHS will not be held liable for any injuries or accidents incurred while volunteering.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

I understand that as a NHS Junior Volunteer that I would be required to follow guidelines and procedures as set by NHS.

\_\_\_\_\_  
JV Signature

\_\_\_\_\_  
Date