



The Central Brevard Humane Society
1020 Cox Road • Cocoa, FL 32926
Tel: (321) 636-3343 • Fax: (321) 636-0127
www.crittersavers.com

Orientation _____
Animal Handling _____
Animal Care/Disease Prev. _____

VOLUNTEER APPLICATION
(minimum age: 16 years)

Please note;

All volunteers are required to commit 50 volunteer hours annually to the Central Brevard Humane Society.

All volunteers under 18 must have a parent/guardian sign paperwork. Volunteer applications will not be processed until it is signed by the parent/guardian.

Date: _____

Date of Birth: _____

Name: _____

Address: _____
Street City State Zip

Phone: _____

Email: _____

In case of emergency, please provide the following emergency contact information:

Name: _____

Relationship: _____

Phone: _____

Please check all categories that interest you:

- | | |
|---|---|
| <input type="checkbox"/> Front Office | <input type="checkbox"/> Assist Volunteer Coordinator |
| <input type="checkbox"/> Thrift Store | <input type="checkbox"/> Summer Camp Counselor |
| <input type="checkbox"/> Offsite Events | <input type="checkbox"/> Fostering |
| <input type="checkbox"/> Facility Maintenance/Repair | <input type="checkbox"/> Grant Writing |
| <input type="checkbox"/> Shelter Attendant (dog walking, cleaning, animal care) | <input type="checkbox"/> Clinic Volunteer |
| <input type="checkbox"/> Adoption Follow Up Phone Calls | |

Please circle days you may be available: MON TUE WED THU FRI SAT SUN

Please select number of hours you are willing to commit: 1-10 hrs/wk 11-25 hrs/wk 26+ hrs/wk

Are you willing and able to work with cats? (Please circle) Yes No

Are you willing and able to work with dogs? (Please circle) Yes No

Do you have any hobbies or special skills? (i.e., construction, plumbing, office skills, etc.)

Please list any allergies you have and their reactions, along with your allergy medication:

Please list any medications you take on a regular basis:

Have you ever had a back injury or back problem? Please give dates & specifics:

Please select one: Employed Unemployed Retired

If employed, where?

Company Name: _____

Address: _____