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:

_____ Front Office
_____ Thrift Store
_____ Offsite Events
_____ Facility Maintenance/Repair
_____ Shelter Attendant (dog walking, cleaning, animal care)
_____ Adoption Follow Up Phone Calls
_____ Assist Volunteer Coordinator
_____ Summer Camp Counselor
_____ Fostering
_____ Grant Writing
_____ Clinic Volunteer

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

Do you have a current CPR and/or First Aid Certification? Yes No Agency_____

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: _____