



# SARNIA & DISTRICT HUMANE SOCIETY

## STUDENT VOLUNTEER APPLICATION FORM

Please note that ALL applications are screened to ensure that applicants have not been charged and/or are not currently being investigated for charges under the OSPCA Act.

**Date Submitted:** \_\_\_\_\_

### PERSONAL INFORMATION

Mr.    Miss   First Name: \_\_\_\_\_    Male  
Last Name: \_\_\_\_\_    Female

Grade: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_ Work Phone: (\_\_\_\_) \_\_\_\_\_ Cell Phone: (\_\_\_\_) \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relation: \_\_\_\_\_

Contact's Home Phone Number: (\_\_\_\_) \_\_\_\_\_ Contact's Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

### GENERAL QUESTIONS

Will the hours you are volunteering for be used for community service hours?

Yes    No

Would you like to continue volunteering once you have acquired your service hours?

Yes    No

What courses are you taking in this academic year? \_\_\_\_\_

Do you have any educational plans? \_\_\_\_\_

Do you have pets at home? \_\_\_\_\_

Hobbies/Interests? \_\_\_\_\_

## GENERAL QUESTIONS CONTINUED

What are your strong points? \_\_\_\_\_

\_\_\_\_\_

What do you hope to gain from this volunteer experience? \_\_\_\_\_

\_\_\_\_\_

Have you had a job? If so, where and when? \_\_\_\_\_

\_\_\_\_\_

Do you have any health concerns or physical limitations that would affect your ability to volunteer for us?

\_\_\_\_\_

\_\_\_\_\_

## REFERENCES

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_) \_\_\_\_\_ Relationship to you: \_\_\_\_\_

By signing below, I acknowledge that all statements made in this application are true. Any false statements will result in the denial of my application.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I hereby grant permission for \_\_\_\_\_ who is \_\_\_\_\_ years of age, to participate in The Sarnia & District Humane Society's student volunteer program.

PARENT OR GUARDIAN SIGNATURE: \_\_\_\_\_

*Thank you for your interest in our program!*

## OFFICE USE ONLY

Yes

Attended Orientation

Denied

Date: \_\_\_\_\_

Additional Comments: \_\_\_\_\_