

Benton-Franklin Humane Society
8620 W Gage Blvd., Kennewick, WA 99336

Phone – 509-374-4235 Fax – 509-374-4276
bfhsvolunteer@yahoo.com www.bfhs.com

Volunteer Application

Name: _____ Age: _____ Date of Birth: _____

Address: _____ City/Zip: _____

Phone: Daytime _____ Home _____ Cell _____

Email: _____ Indicate with * your preferred contact method.

Employer: _____ Occupation: _____

Emergency Contact Person: _____ Phone: _____

Do you have any medical restrictions (lifting restrictions, allergies, anything else we need to be aware of)?

No _____ Yes _____ Describe: _____

Have you ever been convicted of a crime? _____ (A criminal conviction may or may not bar you from volunteering, depending on the nature of the crime.)

If yes, when? _____

Please explain: _____

Why do you want to volunteer with us? Check all that apply:

- _____ I love animals and want to help them.
- _____ I want experience for a future career in the animal care field.
- _____ I need community service hours for school, Scouts, National Honor Society, or similar organization.
- _____ I need community service hours to fulfill a court-ordered or diversion program requirement.

Please explain. _____

Other: _____

I hereby authorize the Benton-Franklin Humane Society (BFHS) to seek emergency medical treatment in case of accident, injury, or illness, and to provide the contact information on this form to medical care personnel. I agree to hold harmless the BFHS, any BFHS employee, and/or member of the BFHS Board of Trustees from any liability arising in conjunction with my participation in the BFHS volunteer program.

Volunteer Signature _____ Date: _____

Parent Signature _____ Date: _____

Required for volunteers under 18 years of age

Office Use Only

Application Accepted _____ Rejected (Why?) _____

Notified of Orientation Sessions (Date, Method – email, phone, or in person)

- | | | |
|----------|-----------|------------------|
| 1. _____ | 2. _____ | Orientation Date |
| 3. _____ | (4) _____ | _____ |