



# Volunteer Application

1736 E. 7<sup>th</sup> Ave  
 Kennewick, WA 99337  
 Phone: 509-374-4235 | Fax: 509-374-4276  
 Email: [volunteer@bfhs.com](mailto:volunteer@bfhs.com)

Name:		Date of Birth:		Age:	
Address:					
City/Zip:					
Primary Phone:		Other Phone:			
Email:		Preferred Contact:	<input type="checkbox"/> Email	<input type="checkbox"/> Call	
Employer:		Employer Phone:			
Emergency Contact Name:		Emergency Contact Number:			
Do you have any medical restrictions (allergies, lifting restrictions, etc.) we need to be aware of? If yes, please describe in the space below.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Have you ever been convicted of a crime? If yes, when did it occur? Please explain the conviction.			<input type="checkbox"/> Yes <input type="checkbox"/> No		
Why do you want to volunteer at BFHS? Please give us a brief explanation.					
How did you hear about our Volunteer Program?					
What are you interested in doing as a volunteer?					
<p><i>I understand that there are hazards involved in working with animals and in working in the shelter environment, and that these hazards and related safety requirements will be explained during my orientation session. I hereby authorize that Benton Franklin Humane Society (BFHS) to seek emergency medical treatment in the case of accident, injury, or illness, and to provide the contact information in this form to medical care personnel. I agree to hold harmless BFHS, any BFHS employee, and/or any member of the BFHS Board of Trustees from liability arising in conjunction with my participation in the BFHS volunteer program.</i></p>					
Signature:			Date:		

**For Office Use**

<b>Application Status:</b>	<input type="checkbox"/> Accepted <input type="checkbox"/> Rejected (explain below)
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<b>Volunteer Coordinator:</b>		<b>Date:</b>	
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**Notes:**

<b>Initial Orientation Date:</b>		<b>Completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Initial Training Shift Date:</b>		<b>Completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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<b>Additional Training Dates:</b>		<b>Completed?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
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**Notes:**