**Helping Hounds Project**

**Volunteer Information Form**

Helping Hounds Project Volunteer Coordinator

[www.helpinghoundsproject.info](http://www.helpinghoundsproject.info) Crystal L. O. Scheider

3450 County Road 220 hhphoundhelpers@gmail.com

Middleburg, FL 32068 C: (904) 614-9546

(904) 204-7314

Thank you for your interest and willingness to serve Helping Hounds Project (HHP) and the animals we care for! HHP strives for excellence in serving both the public and the animals within. The help of volunteers is vital to what we do!

\*\*Note: You must be with a parent/guardian when volunteering or have prior authorization to volunteer if you are under the age of 18.\*\*

Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Apt #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State:\_\_\_

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

Home Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Occupation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer’s Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Highest Level of Education Completed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Other Emergency Contact Full Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Emergency Contact Phone Number(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please Circle the Following Answers:

Have you ever been convicted of:

An animal abuse offense? Yes No

A Drug Offense? Yes No

Any other offense (other than traffic infraction)? Yes No

If you answered yes to any of the above, please explain and list the state in which the offense occurred:

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Have you ever been terminated from a volunteer position? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Have you ever volunteered or worked for HHP, HHB & B, and its’ affiliate companies in the past? If yes, what tasks did you perform and why did you leave? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 Why are you interested in volunteering at HHP?

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Are you volunteering to complete graduation requirement or school project? Yes No

If yes, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please list any experience(s) you have handling animals (including certificates or trainings you’ve attended).

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Please list any special skills that you think may be useful to volunteering at HHP.

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How did you first hear about HHP (volunteering at HHP and/or of the place itself)? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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What are your first thoughts or impressions of HHP?

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Are you currently volunteering, or have you previously volunteered, for any community or charitable organization? Yes No

If so, which organizations, and what were your tasks?

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Please check ALL areas in which you are interested in volunteering in:

\_\_\_\_\_\_\_ Dog Enrichment (grooming, plays with, walking, etc.)

\_\_\_\_\_\_\_ Laundry

\_\_\_\_\_\_\_ Dishes

\_\_\_\_\_\_\_ Animal Caretaker (Assists in cleaning of animal kennels)

\_\_\_\_\_\_\_ Play Group (Assist in our supervised play-time for dogs with other dogs)

\_\_\_\_\_\_\_ Animal Transport (to and from events, vet appointments, etc.)

\_\_\_\_\_\_\_ Office Assistant (filing, organizing, making calls, etc.)

\_\_\_\_\_\_\_ Fostering Animals

\_\_\_\_\_\_\_ Networking (Connections to social media, pictures, videos, etc.)

\_\_\_\_\_\_\_ Ground Maintenance

\_\_\_\_\_\_\_ Other

If Other, Please list: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Availability:

\*\*Note: You do not have to commit to a particular time or day. Knowing your availability helps us to know when to better contact you or when you may be able to help when needed.

\_\_\_\_\_ Monday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Tuesday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Wednesday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Thursday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Friday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_Saturday Time:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_ Sunday Time: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I verify that all information provided is correct and accurate to the best of my knowledge.

Applicant’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Legal Guardian Consent of Minor (Under 18 years of age):** As a parent/legal guardian of the above named volunteer, I hereby give my consent as described within this contract. I have read this contract and fully understand the terms and conditions presented. On behalf of my child/ward, and myself, I agree to all terms and conditions.

**Parent/Legal Guardian Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Print Parent/Legal Guardian Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**