

**Salem County Humane Society**  
**Game Creek Rd**  
**PO Box 214**  
**Carney's Point, NJ 08069**  
**(856) 299-2220**  
**www.salemcountyhumanesociety.org**

We appreciate your interest in helping with our organization, in an effort to match your interests and skills with the many activities required to maintain the Salem County Humane Society, we ask you to complete this brief questionnaire.

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

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

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

Phone: Day: \_\_\_\_\_ Evening: \_\_\_\_\_

E-Mail: \_\_\_\_\_

How would you prefer we contact you?

Day phone \_\_\_\_\_ Evening phone \_\_\_\_\_ E-Mail \_\_\_\_\_

Age: \_\_\_\_\_ Birthday: \_\_\_\_\_

Have you ever volunteered at an animal shelter? Yes \_\_\_\_ No \_\_\_\_

If yes, when and where? \_\_\_\_\_

When are you available for volunteer work? (Circle all that apply)

Weekday Morning                      Weekday Evenings                      Weekend Morning

Weekend Evenings                      Other \_\_\_\_\_

Which do you prefer to work with? Cats \_\_\_\_ Dogs \_\_\_\_ No Preference \_\_\_\_

Do you have any restrictions or limitations regarding the type of work you will be doing at the shelter? \_\_\_\_\_

\_\_\_\_\_

Would you be interested in joining a committee? (Circle all that apply if interested)

Animal Health

Adoption

Bldg. Maintenance

Fund Raising

Public Relations

Animal Related Opportunities

Check all activities in which you are interested:

\_\_\_\_\_ Feeding and cleaning kennels and cat rooms

\_\_\_\_\_ Exercising/socializing animals

\_\_\_\_\_ transporting animals to veterinary visits\*

\_\_\_\_\_ providing foster care to animals\*

**\* These types of activities would typically be delegated to volunteers who have volunteered at the shelter for a period of time and have a certain level of familiarity with the animals in our care.**

Please list any skills you have that you think could benefit the shelter:

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

Please list an emergency contact name(s) and phone number(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

\*\*\*\*\*

**For Office Use Only**

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

Start date & shift: \_\_\_\_\_



