



VOLUNTEER and COMMUNITY SERVICE APPLICATION

(Please print legibly and complete entire application!)

AGE RESTRICTIONS:

Children ages 12-14 must be accompanied by a parent or guardian while volunteering.
Children under the age of 12 are not allowed to volunteer at MHS, but we have fabulous education programs to partake in.

PERSONAL INFORMATION

Date: _____

First Name: _____ Last Name: _____ Date of birth: _____

Address: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____ Work phone: _____

Email address: _____ **Email is our primary point of contact with volunteers.
If you do not have an email account, please consider opening one.

EMERGENCY CONTACT

Name: _____ Phone: _____

Relationship: _____

How did you hear about this volunteer opportunity? _____

How long are you planning to volunteer at the Maui Humane Society?

Short term (weeks-3 months) Seasonally (3-6 months; school breaks) Long term (6+ months)

How often would you like to volunteer? (ex. 3 days/week, weekends, 2 times/month, etc.) _____

Are you volunteering for **PERSONAL FULFILLMENT** or are you fulfilling **COMMUNITY SERVICE HOURS**? (circle one)

If for **SERVICE HOURS**, please answer ALL of the following questions:

How many hours do you need to fulfill? _____ By what date? _____

** Please make sure to include copies of any paperwork required for us to fill out, including instructions (if applicable).

Do you have a special project associated with this community service? YES NO

If yes, please explain: _____

Are there any special requirements associated with your service hours? YES NO

If yes, please explain: _____

If for SCHOOL:

School Name: _____ Location: _____

Teacher or Advisor: _____ Phone: _____

Email: _____

If for COURT or OTHER:

Case Manager: _____ Phone: _____

ALL ABOUT YOU....

TELL US A LITTLE ABOUT YOURSELF, including why you'd like to volunteer with MHS, any expectations you may have while volunteering, experience with animals, etc.

Do you have any **physical or psychological limitations or disabilities** that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)? **YES or NO**

** MHS does not discriminate against those with any of the above listed, we simply ask for your safety. **

If yes, please explain: _____

Do you have any fears of specific animal types/breeds? **YES or NO** What? _____

HOW WOULD YOU LIKE TO HELP US?

(Please indicate areas you're interested in learning more about)

- ADMINISTRATIVE ASSISTANCE
- ADOPTIONS
- ANIMAL CARE
- DISASTER AND EMERGENCY RESPONSE TEAM
- DOG WALKING PROGRAM – ADULTS ONLY (MORNINGS)
- EDUCATION
- FACILITIES/MAINTENANCE
- FUNDRAISING AND SPECIAL EVENTS
- VETERINARY ASSISTANCE
- “WEE CARE” FOSTERING PROGRAM

AVAILABILITY:

DAYS: MON TUES WED THURS FRI SAT SUN

SPECIFIC HOURS: _____

* Applicants under the age of 18 require parent or guardian authorization to volunteer at MHS.

Parent/Guardian Name: _____ Signature: _____

Telephone Number: _____

Please return applications to:

Mail: Maui Humane Society
P.O. Box 1047
Puunene, HI 96784

Fax: (808) 871-1132
Email: Lnicolas@mauihumaneociety.org

Attention: Volunteer Program

Please go to www.mauihumaneociety.org or call (808) 877-3680 x 14 for more information.