

Volunteer Profile

Contact Person: Shannon Bertino

Website: www.hsacvet.com

Email: sbertino@hsacvet.com

Date: _____

Last Name: _____ First Name: _____

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

Phone #: _____ Cell #: _____

Email address: _____

Occupation: _____

Emergency Contact: _____ Relationship: _____

1st telephone #: _____ 2nd telephone #: _____

Do you have any allergies, medical conditions, or diet restrictions? YES NO

Explain: _____

Tell us about your special interests, talents or skills: _____

Are you a member of the Humane Society of Atlantic County? YES NO

Would you prefer to:

- transport animals for elderly or disabled clients
- help at our off-site events
- putting mailers together
- painting or restoration at the shelter
- office work
- _____
- care for cats at the shelter
- care of dogs or dog walking
- landscaping & other yard work
- fundraising
- greeting visitors to the shelter
- _____

Volunteer's name (please print)

Signature of Volunteer

****Please Mail form to our mailing address listed on the bottom of the page or send as an attachment to the email address listed above.*

You will be contacted as quickly as possible to set up an orientation session. Thank you for your interest!!

FOR OFFICE USE ONLY

Date received: _____ By: _____

Date of orientation _____

