



300 Old Route 10
Enfield, NH 03748
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Volunteer Application

Personal Information

Name:	
DOB (if under 18*)	
Address:	
Email address:	
Phone number:	

**If under 18, please list the accompanying parent or guardian*

Name:	
Email address:	
Phone number:	

Volunteer Experience

Do you have a previous relationship with UVHS? If yes, please describe:

Please tell us why you are interested in volunteering with us:

Skills, talents, certifications, degrees, experience that you would like to offer:

Do you have any special accommodations, requirements or allergies? If yes, please describe:

Volunteer Positions

Please check position(s) you are interested in:

- General Cleaning
- Customer Service Assistant
- Special Events & Development Projects
- Dog Walker/Socialization
- Cat Socialization
- Donation Pick-up

Please refer to the Volunteer Position Descriptions handout regarding age limitations and hours of availability for each position

Availability

Please indicate days and times you are available to volunteer.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Emergency Contact

Name:	
Address:	
Phone number:	
Email address:	
Relationship:	

Applicant's Signature: _____ **Date:** _____