



300 Old Route 10
Enfield, NH 03748
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Volunteer Application

Personal Information

Name:	
DOB (<i>if under 18*</i>):	
Mailing 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:

**** Please be advised that UVHS uses products that contain peanuts, tree nuts and other allergens. Peanut butter is often used for enrichment activities and may be present throughout the facility.***

Volunteer Positions

Please check position(s) you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> General Cleaning | <input type="checkbox"/> Dog Walker/Socialization |
| <input type="checkbox"/> Customer Service Assistant | <input type="checkbox"/> Cat Socialization |
| <input type="checkbox"/> Special Events & Development Projects | <input type="checkbox"/> 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:** _____