



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:

** Requires Scheduled Shift*

- | | |
|--|---|
| <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 |
| <input type="checkbox"/> Cat Condo Cleaning * | <input type="checkbox"/> Dog Kennel Cleaning * |

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:** _____