



**The Central Brevard Humane Society**  
1020 Cox Road • Cocoa, FL 32926  
Tel: (321) 636-3343 • Fax: (321) 636-0127  
www.crittersavers.com

Orientation \_\_\_\_\_  
Animal Handling \_\_\_\_\_  
Animal Care/Disease Prev. \_\_\_\_\_

**VOLUNTEER APPLICATION**  
(minimum age: 16 years)

**Please note;**

**All volunteers are required to commit 50 volunteer hours annually to the Central Brevard Humane Society.**

**All volunteers under 18 must have a parent/guardian sign paperwork. Volunteer applications will not be processed until it is signed by the parent/guardian.**

Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

In case of emergency, please provide the following emergency contact information:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

Please check all categories that interest you:

- |  |                                    |
|--|------------------------------------|
| _____ Front Office   | _____ Assist Volunteer Coordinator |
| _____ Adoption Follow Up Phone Calls                         | _____ Vol. Summer Camp Counselor   |
| _____ Facility Maintenance/Repair                            | _____ Off Site Events              |
| _____ Fostering  |                                    |
| _____ Thrift Store   |                                    |
| _____ Shelter Attendant (dog walking, cleaning, animal care) |                                    |

Please circle days you may be available: MON TUE WED THU FRI SAT SUN

Please select number of hours you are willing to commit: 1-10 hrs/wk 11-25 hrs/wk 26+ hrs/wk

Are you willing and able to work with cats? (Please circle) Yes No

Are you willing and able to work with dogs? (Please circle) Yes No

Do you have any hobbies or special skills? (i.e., construction, plumbing, office skills, etc.)

Please list any allergies you have and their reactions, along with your allergy medication:

Please list any medications you take on a regular basis:

Have you ever had a back injury or back problem? Please give dates & specifics:

**Please select one:** \_\_\_\_\_ Employed \_\_\_\_\_ Unemployed \_\_\_\_\_ Retired

If employed, where?

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_