



Volunteer Application



- Pittsfield 214 Barker Road Pittsfield, MA 01201
 Purradise 301 Stockbridge Road, Great Barrington, MA 01238

Terry Bissailon, Volunteer Coordinator Phone: 413-447-7878 Ext. 37 Email: tbissailon@berkshirehumane.org

Please fill in the information requested below:

Full Name: _____	DOB: _____
Address: _____	Home Phone: _____
_____	Cell Phone: _____
_____	Email: _____

Emergency Contact: _____ Relationship: _____ Phone: _____

Junior Volunteer, age 12 - 16, accompanied by an adult who accepts total volunteer responsibility

Name	Age	Relationship to Volunteer

Let us know the areas and times you are interested in.

- Cat Room Kennel Cleaner / Dog Walker Small Animals Reception Desk Maintenance

Circle the times you are available on a weekly basis.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
8AM	8AM	8AM	8AM	8AM	8AM	8AM
10AM	10AM	10AM	10AM	10AM	10AM	10AM
Noon	Noon	Noon	Noon	Noon	Noon	Noon
3PM	3PM	3PM	3PM	3PM	3PM	3PM
			6PM - Dog walking only			

Are you interested in any of these on call activities? Yes ___ No ___

<input type="checkbox"/> Mailings	<input type="checkbox"/> Event Helpers	<input type="checkbox"/> Lawn care	<input type="checkbox"/> Education Assistants	<input type="checkbox"/> Materials Distribution
<input type="checkbox"/> Baking	<input type="checkbox"/> Garden care	<input type="checkbox"/> Animal Transporter	<input type="checkbox"/> Foster Program *	

* Foster Program requires a separate application form and home visit.

Are you volunteering to fulfill a project or community service? Yes ___ No ___

If yes, please describe (including hours needed)

Is there something you would like to do that isn't listed above? _____

Are there specific duties that you cannot or prefer not to do? _____

*****Please turn this page over and fully complete the rest of the application*****

Getting to Know You Even Better!

- List a non-family reference with phone number and preferred time to be contacted.

Name	Relationship	Phone	Best time to call
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- Do you have previous volunteer experience? Yes _____ No _____
If yes, please describe.

- Do you have any special skills or hobbies? _____

- Do you have allergies or anything that may affect volunteering with us? Yes ___ No ___
If yes, please describe.

Circle the line that most closely represents how you feel for each statement - there are no wrong answers.

I prefer to work in an environment that is:	Small and quiet	I	I	I	I	I	I	I	I	Fast paced and busy
I like to learn new things by:	Asking questions	I	I	I	I	I	I	I	I	Watching and Learning
I tend to be:	Disorganized	I	I	I	I	I	I	I	I	Detail Oriented
If there is a problem I prefer to	Address it directly	I	I	I	I	I	I	I	I	Wait and See
I consider myself:	Introverted	I	I	I	I	I	I	I	I	Extroverted

We fill requests to volunteer at BHS based on need. Please realize certain positions may not be open at the time you apply. Applications are kept on file for one year. Please email or call with questions

Thank you for your application!

(Your printed first & last name)

(Your signature)

(Today's Date)

(If you would like to elaborate or share info that we didn't ask for, feel free to attach additional pages.)