



Community Service

Above the Notch Humane Society  
 PO Box 456  
 Littleton, NH 03561  
 603-444-6241  
[www.atnhs.org](http://www.atnhs.org)  
[atnhs.email@gmail.com](mailto:atnhs.email@gmail.com)

**How Do I Volunteer?** Above the Notch Humane Society (“ATNHS”) values it’s Volunteers tremendously. Without our Volunteers, ATNHS would not function.

**Steps to Becoming a Volunteer.**

1. Complete and return the Community Service Application. The Application may be mailed or dropped off during regular business hours. If mailed, please send to **Above the Notch Humane Society, Volunteer Coordinator, P.O. Box 456, Littleton, NH 03561.**
2. Attend additional training classes as required for specific activities.

Please understand that completion of this application does not assure placement. ATNHS fills the positions and time slots that are needed. Accuracy and completeness of this form are important in determining the acceptability for a volunteer position with ATNHS. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the qualification process. All pre-placement inquiries are made for the purpose of establishing your qualifications for placement with ATNHS. Please Note: **We require that all Volunteers commit to a minimum of three months.**

Thank you for contacting us. We look forward to working with you to make the world a more humane place for all animals.

Today’s Date: \_\_\_\_\_

**Volunteer Profile**

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Home telephone:
Daytime telephone:	Work phone number:
How did you hear of the ATNHS Volunteer Program?	
If you are here through a school community service program, please indicate the following:	
School:	Address:
Name of Contact Person:	Telephone:

Why do you want to volunteer with Above the Notch Humane Society?

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**Skills and Experience**

Have you ever had any formal education/training in pet care or animal welfare? \_\_\_\_\_

Have you done any other volunteer work?  
 Where: \_\_\_\_\_ When: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

**Areas of interest:**

Please check all that apply.  
 Canine care    Feline care    Other (Please specify) \_\_\_\_\_

**Do you know any ANTHS volunteers?**   Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_  
**Have you ever been a volunteer at ATNHS before?**    Yes    No   *If yes, when?* \_\_\_\_\_  
*If yes, what was your reason for leaving?* \_\_\_\_\_

**Have you adopted an animal from ATNHS before?**    Yes    No   *If yes, who did you adopt and when?* \_\_\_\_\_

**Are you a member of any other animal welfare organization?**    Yes    No   *If yes, how do you participate?* \_\_\_\_\_

**Availability:**

Please circle the days/times you are available for volunteer work:

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.	8:30-10:30 a.m.
4-6 p.m.	4-6 p.m.	4-6 p.m.	4-6 p.m.	4-6 p.m.	4-6 p.m.	4-6 p.m.

**Miscellaneous:**

Do you have any allergies or conditions that might affect your volunteer work?    Yes    No   *If yes, please describe.*  
 Do you have a valid driver's license?    Yes    No

**Please list two personal or business references:**

Name:	Relationship:
Daytime telephone:	Evening telephone:
Name:	Relationship:
Daytime telephone:	Evening telephone:

**Please list two teacher references:**

Name:	Relationship:
Daytime telephone:	Evening telephone:
Name:	Relationship:
Daytime telephone:	Evening telephone:

**Please list a contact in case of an emergency:**

Name:	Relationship:
Daytime telephone:	Evening telephone:



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**ATNHS/LPCK Community Service Agreement**

If accepted as an ATNHS volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what ATNHS and Littleton Pet Center and Kennel will expect of you and what you can expect from ATNHS and Littleton Pet Center and Kennel.

If Accepted as an ATNHS volunteer, my signature below indicates that I have read, understand and agree to the following:

- I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
- I will abide by all ATNHS and Littleton Pet Center and Kennel policies and procedures and follow the directions/instructions of the ATNHS and Littleton Pet Center and Kennel personnel.
- I agree to be supervised by the appropriate ATNHS and Littleton Pet Center and Kennel personnel and will report any problems that arise directly to the appropriate ATNHS and Littleton Pet Center and Kennel personnel and the Volunteer Coordinator.
- I understand the possible risk of bringing home illnesses from Littleton Pet Center and Kennel to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while working at the shelter facility.
- I am current on my tetanus vaccination and covered by a health insurance plan.
- I agree to work a minimum of three months unless I am removed or terminated from the program. I understand that ATNHS and Littleton Pet Center and Kennel rely on me to be present for all of my scheduled shifts. If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to arrange for a substitute for such shift. In addition, I will also provide advance notice to the appropriate ATNHS and Littleton Pet Center and Kennel personnel and the Volunteer Coordinator of any such shift changes.
- I authorize ATNHS and Littleton Pet Center and Kennel personnel to seek emergency medical treatment for me in case of accident, injury, or illness.
- I agree to indemnify and hold harmless ATNHS, Littleton Pet Center and Kennel, their Board of Directors, officers, agents, and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by ATNHS, Littleton Pet Center and Kennel, their Board of Directors, officers, agents, and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by ATNHS and Littleton Pet Center and Kennel from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of Littleton Pet Center and Kennel, ATNHS Executive Director, the Volunteer Coordinator or other Senior Managers.

_____	_____	_____
Student's Printed Name	Student's Signature	Date
_____	_____	_____
Parent/Guardian's Printed Name	Parent/Guardian's Signature	Date
_____	_____	_____
ATNHS Printed Name	ATNHS Signature	Date
_____	_____	_____
LPCK Printed Name	LPCK Signature	Date