

Harris County

HCPHES

Public Health & Environmental Services

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VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____ City/State: _____ Zip Code: _____

Phone number: _____ Alternat phone number: _____
(home/work/cell) (home/work/cell)

E-mail: _____ @ _____ Date of Birth: _____

May we contact you by E-mail?
 Yes No

Please check all areas of interest

- The "Kitty Committee": (min 18 yrs)
 - Clean, water and feed cats the River Oaks PETCO
 - Sign up on CountyPets online calendar

- The "Runt Rescue" Foster Program: (min 16 yrs.)
 - **Must complete "Runt Rescue" Foster Program page**
 - Foster kittens, cats, dogs and puppies
 - Help produce a newsletter for foster team
 - Discuss training, housebreaking and obedience issues with new foster homes

- Special Events: (min 16 yrs.)
 - Animal Disaster Preparedness
 - Vaccination and Spay/Neuter Clinics
 - Holiday Celebrations

- The Lobby Greeter: (min. 18 yrs)
 - Greet citizens entering the lobby
 - Make sure everyone signs in
 - Direct people to paperwork
 - Assist people with handling their pets

- The Lost Pet Volunteer: (min 18 yrs)
 - Provide support to citizens looking for their lost pet
 - Ensure citizens looking for their lost pets have completed lost pet form
 - Escort citizens through shelter in search of lost pets, as required

- The Adoption Room Coordinator:(min.18 yrs)
 - Monitor the traffic in and out of the adoption visitation room,
 - Clean after each potential adopter visit to reduce disease transmission
 - Provide the potential adopter with appropriate tools and instruction – leashes, toys, treats, and brushes

Please select applicable preference(s)

I am willing to work with:

- Dogs Cats People

Please tell us a little about your hobbies/interests/talents. What do you do in your spare time?

Languages Spoken: _____

Previous Volunteer Experience: _____

Tell us about how you heard about our volunteer program?

Did you see our program advertised? Please tell us the name or location of this media?

Direct mailer: _____ E-mail: _____ Flyer: _____

Newspaper: _____ Pamphlet: _____ Presentation: _____

Volunteer/Career Service: _____ Web search: _____ Website: _____

Did you hear about our program by word of mouth?

Donor: _____ Employee: _____ Friend/Relative: _____

Shelter visit: _____ Volunteer: _____ Other: _____

Please list two personal references (References within local area preferred):

Name (non relative): _____ Phone number: _____ Relationship: _____
(home/work/cell)

Name (non relative): _____ Phone number: _____ Relationship: _____
(home/work/cell)

May we contact your personal references?

Yes

No

Emergency Numbers:

(If you are under 18, you must provide a parent/guardian contact)

Name: _____ Phone number: _____ Relationship: _____
(home/work/cell)

Available Schedule to Volunteer:

Write "yes" or "no" in the boxes below

	Mondays	Tuesdays	Wednesdays	Thursdays	Fridays	Saturdays	Sundays
Mornings							
Afternoons							

Thank you. Please return your application to:

Volunteer Coordinator

HCPHES Veterinary Public Health

612 Canino Rd.

Houston, TX 77076

Phone: (281)-999-3191 Fax (281)-847-1911

“RUNT RESCUE” FOSTER PROGRAM APPLICATION

Please tell us some background information on your schedule and home environment?

Do you live in?:

House Condo/Townhome Apartment Mobile Home

Do you rent or own your home?: _____ Landlord’s phone number: _____

How many hours are you absent from home each day?

Why do you want to foster?

Have you fostered animals before?

How much time will you be able to commit to a foster animal each week?

How did you hear about our Foster Program?

Would you be interested in fostering?
 Dogs Cats Both

What ages are you willing to foster?
 Newborn Juvenile Adult

Please list the pets currently in your home:

Species:	Breed:	Age:	Sex:	Environment:
			Neutered/Spayed/Intact	Inside/Outside/Both
			Neutered/Spayed/Intact	Inside/Outside/Both
			Neutered/Spayed/Intact	Inside/Outside/Both
			Neutered/Spayed/Intact	Inside/Outside/Both
			Neutered/Spayed/Intact	Inside/Outside/Both

What is your veterinarian’s name?: _____ Phone number: _____

May we contact your veterinarian as a reference?
 Yes No

Thank you. Please return your application to:

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