

Thank you for your interest in supporting the Capital Area Humane Society. Please complete and submit this form at least 30 days prior to your preferred date for volunteering.

Please note that one-time groups will not have direct contact with the animals at the Humane Society. These volunteers are utilized to help us with a special project or task that enables us to provide care and services beyond the every day.

Name of group: _____

Number of people in group: _____ Age range of group: _____

If under 18, how many adults will accompany the group? _____

Name of contact person: _____
First Last

Phone: _____ Email: _____

Mailing Address: _____
Street City Zip

Preferred date and time of volunteering: _____ Alternative date and time: _____

Please tell us a little bit about your group. Why do you want to volunteer for the Capital Area Humane Society? Does anyone in your group have special skills?

Please Return to:

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