

# Humane Society OF THE OHIO VALLEY

## HSOV BOARD/VOLUNTEER QUESTIONNAIRE

1. Please check your areas of expertise:

- |  |   |
|--|---|
| <input type="checkbox"/> Accounting  | <input type="checkbox"/> Chairing a committee                             |
| <input type="checkbox"/> Computer work   | <input type="checkbox"/> Creativity (posters, etc.)                       |
| <input type="checkbox"/> Fund raising  | <input type="checkbox"/> Grant writing                                    |
| <input type="checkbox"/> Journalism (writing letters, newspaper articles, newsletter, etc.)        | <input type="checkbox"/> Marketing (telephone, dealing with public, etc.) |
| <input type="checkbox"/> Organization  | <input type="checkbox"/> Procedure writing                                |
| <input type="checkbox"/> Shelter work (bathing/walking animals, cleaning cages, office work, etc.) | <input type="checkbox"/> Other (explain): _____                           |
| <input type="checkbox"/> Chauffeuring animals  | _____   |

2. In what HSOV Board position would you be willing to serve?

- President     Vice-President     Secretary     Treasurer     Board Only

3. On what committee would you be willing to serve?

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Spay/Neuter           | <input type="checkbox"/> Animal Rescue      | <input type="checkbox"/> Humane Education Outreach |
| <input type="checkbox"/> Membership            | <input type="checkbox"/> Shelter Operations | <input type="checkbox"/> Building & Grounds        |
| <input type="checkbox"/> Ways & Means          | <input type="checkbox"/> Volunteer          | <input type="checkbox"/> Nominating                |
| <input type="checkbox"/> Legacy                | <input type="checkbox"/> Finance            | <input type="checkbox"/> Long-Range Planning       |
| <input type="checkbox"/> Other (explain) _____ |   |  |

4. Please indicate the following:

- I have a job and could volunteer approximately \_\_\_\_\_ hrs./week.  
 I don't have a job and could volunteer approximately \_\_\_\_\_ hrs./week

5. In what area would you prefer to volunteer?

- At the shelter     On the HSOV Board     Working out in the community

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6. Please indicate your following preference (if not already an HSOV member):

- I want to become a member of the HSOV  
 I want to serve on the HSOV Board  
 I do not want to be a member of the HSOV, but want to volunteer

7. I understand there are situations when, due to the lack of space, animals must be euthanized and disposed of.

- a. I  can be present at the shelter at that time  
b. I  would prefer not to be present at the shelter at that time

8. Please answer the following questions:

- I have a current driver's license State \_\_\_\_\_ # \_\_\_\_\_  
 I am a citizen of the USA  
 I am not a convicted felon  
 I am against all animal and child abuse

**Should you have any questions, please phone the HSOV shelter (740/373-5959) or e-mail [manager@hsov.org](mailto:manager@hsov.org).**

\* \* \* \* \*

In completing this questionnaire, I agree to fulfill any and all duties I have subscribed to or have been assigned to the best of my ability.

Name (please print) \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone No. (\_\_\_\_) \_\_\_\_\_ Cell Phone No. (\_\_\_\_) \_\_\_\_\_

E-Mail Address \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return the completed form to: HSOV, P.O. Box 5, Marietta, OH 45750**