



## Volunteer Application and Profile

The Finger Lakes SPCA of Central New York is a not for profit charitable organization funded primarily through donations. Our mission is the prevention of cruelty to animals and the education of current and potential pet owners about responsible ownership. We welcome the participation of those willing to represent our organization in accordance with our mission and philosophies.

Please understand that our Shelter relies heavily on volunteers and in many respects we consider you staff. If you commit to volunteering we will expect you to be here when you say you will be here. Failure to show for your scheduled time – without notification – will result in your termination as a volunteer. We hope you understand – and we thank you for your service to homeless animals.

Please complete the following form.

Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
Town, State, Zip \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
E-mail Address \_\_\_\_\_ Business Phone (optional) \_\_\_\_\_

Are you 18 years or older? Yes No

Are you a student? Yes No

### Animal Experience:

Small Animal Care \_\_\_\_\_

Dog Obedience Training \_\_\_\_\_

Large/Farm Animal Care \_\_\_\_\_

Dog Agility Training \_\_\_\_\_

Exotic Animal Care \_\_\_\_\_

Animal Training \_\_\_\_\_

Pocket Pet Care \_\_\_\_\_

Wildlife Rehabilitation \_\_\_\_\_

Pet Sitting/Boarding \_\_\_\_\_

Breed Rescues \_\_\_\_\_

Grooming \_\_\_\_\_

Type of Animals \_\_\_\_\_

Past Humane Society/ SPCA Service \_\_\_\_\_

Past/Present Profession/Retired from \_\_\_\_\_

**Other Experiences, Special Skills, Strengths, and Talents:**

<b>Gardening</b> _____	<b>Painting</b> _____
<b>Sales</b> _____	<b>Landscaping</b> _____
<b>Farm Equipment Usage</b> _____	<b>Grant Writing</b> _____
<b>Graphic Arts</b> _____	<b>Carpentry</b> _____
<b>Clerical</b> _____	<b>Sewing</b> _____
<b>Web Design</b> _____	<b>Calligraphy</b> _____
<b>Writing/Editing Articles for Publication</b> _____	<b>Marketing</b> _____
<b>Volunteer Development/Coordination</b> _____	<b>Photography</b> _____
<b>Computers</b> _____	<b>Crafts</b> _____
<b>Writing</b> _____	<b>Special Events</b> _____
<b>Teaching</b> _____	<b>Fundraising</b> _____

Please indicate any specialized training, equipment, or resources you have. Mention anything else you feel is relevant: \_\_\_\_\_

Describe any past or present volunteer positions you have held: \_\_\_\_\_

When are you available to volunteer?

**MON    TUES    WED    THURS    FRI    SAT    SUN**

<b>Morning</b>							
<b>Afternoon</b>							
<b>Evening</b>							

Circle one:    Every week    Every other week    Once a month    Special Events

How much time can you commit?

Hours per week\_\_\_\_\_ Hours per month\_\_\_\_\_ or other\_\_\_\_\_

Would you be willing to volunteer off of FLSPCA-CNY premises?    Yes    No

Would you be available in an emergency (e.g., emergency evacuation of animals)?    Yes    No

Are there any restrictions on when you can be contacted at the number you have provided?    Yes      No

Areas of interest (check all that apply):

<input type="checkbox"/>	Adoption facilitation	<input type="checkbox"/>	Obedience training
<input type="checkbox"/>	Animal care and comfort/Grooming	<input type="checkbox"/>	Office support/Answering Phones
<input type="checkbox"/>	Cat socialization	<input type="checkbox"/>	Spay/Neuter Clinics
<input type="checkbox"/>	Correspondence/thank you	<input type="checkbox"/>	Outreach Events
<input type="checkbox"/>	Dog walking	<input type="checkbox"/>	Photography
<input type="checkbox"/>	Foster care	<input type="checkbox"/>	Fundraising Events/Garage Sales
<input type="checkbox"/>	Gardening	<input type="checkbox"/>	Receptionist

Do you have any medical issues/ allergies etc. that we should be aware of? \_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Phone number: \_\_\_\_\_

I \_\_\_\_\_ confirm that the information provided on this application is correct. I understand the commitment involved and acknowledge that my services are offered at my own risk. I agree to adhere to the Finger Lakes SPCA of Central New York policies and carry out my duties as a volunteer to the best of my ability.

I give my permission to the Finger Lakes SPCA to verify any of the information given.

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

Staff Signature/Witness: \_\_\_\_\_ Date \_\_\_\_\_

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STAFF USE ONLY:

DNA \_\_\_\_\_ Contact \_\_\_\_\_ Orientation \_\_\_\_\_ Training \_\_\_\_\_

Comments: