



Volunteer Interest Form

Date: ____/____/____ Nickname: _____ Date of Birth ____/____/____
Month/Day

First Name: _____ Last Name: _____

Street Address: _____ City: _____ State: _____ Zip: _____

Preferred Method of Contact (Check All That Apply): Call Text Email

Primary Phone: (____) _____ - _____ Alternative Phone: (____) _____ - _____

Email: _____

Are you 18+ years old? Yes No *Please note volunteers must be 18 or older*

Emergency Contact: _____ Phone: (____) _____ - _____ Relationship: _____

Availability To Volunteer:

Monday Hours _____ Tuesday Hours _____ Wednesday Hours _____

Thursday Hours _____ Friday Hours _____ Saturday Hours _____

Sunday Hours _____ Other _____

If applicable: Hours Needed: _____ Completion Date: ____/____/____ Program: _____

Please indicate which opportunities you are interested in learning more about

Adoption Counselor Animal Care Assistant SOS Clinic Assistant Photography Groundskeeper

Housekeeper Special Events & Projects Assistant Other: _____

Why are you interested in volunteering with the FLSPCA of CNY? _____

Please describe any animal experience, including personal pets: _____