



25056 Water Street
Watertown, NY 13601
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VOLUNTEER APPLICATION

Last Name _____ First Name _____

Are you over the age of 17? Yes No (If "no" you must be at least 14 years of age and have your parent's permission to volunteer and if under the age of 14 but at least 10 you must be accompanied by an adult at any time you do volunteer work at the shelter.)

Email Address (This is our main form of communication – please print) _____

Home Phone _____ Cell Phone _____

Emergency Contact _____ Phone Number _____

Are you:

A member of the Jefferson County SPCA? Yes No

Volunteering to fulfill a requirement where your hours must be certified? Yes No

If Yes, specify who you are representing _____

Volunteering as a part of an organization, Church group, or civic group? Yes No

If Yes, specify the name of the group _____

Experienced in working with animals ? Yes No

If Yes, please specify your experience _____

A pet owner? Yes No

If Yes, please indicate how many animals you own, for how long and what sort of animals you now own or have owned in the past

Are they spayed or neutered? Yes No If No, do you intend to breed them? Yes No

Please list your highest grade completed _____ Are you currently enrolled in school? Yes No

If Yes, please provide the name of the school _____

PLEASE COMPLETE THE REVERSE SIDE

Please list any other areas of interest

How frequently would you like to volunteer? _____

I acknowledge that I have read this statement and understand the terms and condition of the Volunteer Application. I will attend the Volunteer Orientation before commencing volunteer work at the Jefferson County SPCA.

I agree to release, discharge and indemnify and hold the Jefferson County SPCA harmless for any and all damage to my personal property while performing my volunteer services to the facility in a voluntary capacity.

I recognize that, in handling animals at the Jefferson County SPCA there exists a risk of injury including personal, physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the Jefferson County SPCA, its agents, servants and employees from any and all claims, causes of actions or demands, of any nature of cause connected with my Volunteer Agreement/Application. This might include costs, attorney's fees and court costs incurred by the Jefferson County SPCA in connection with my volunteer services based on damages or injuries which may be incurred or sustained b y me in any way. Such damages or injuries might include, but are not limited to, animal bites, accidents, injuries and/or personal property damage.

I understand that public relations is an important part of volunteering at the Jefferson County SPCA. I therefore, agree on behalf of myself, my heirs, personal representatives and executors to allow the Jefferson County SPCA to use any photographs taken of me for use in public relations efforts. The Jefferson County SPCA will use reasonable efforts to notify me, but such notification is not a condition of the photograph's release for public relations purposes.

I have read the above statement and my signature below (or the signature of my parent/guardian) indicates acceptance of these terms as well as the truthfulness of the information provided on this volunteer application.

Date

Signature of Applicant

If you are under 18 years of age, a consenting parent or guardian must complete this part of the application . If you are under 14 years of age but at least 10 years of age, a guardian must accompany you at all times while volunteering.

I hereby give permission for the above mentioned applicant to volunteer at the Jefferson County SPCA.

Parent/Guardian Signature_____

Date_____

Print the above name_____

If address is different from the applicant, please provide_____

Phone #_____

PLEASE RETURN THIS APPLICATION TO SHELTER STAFF OR MAIL TO ADDRESS ON FRONT OF FORM

OFFICE USE ONLY

DATE OF ORIENTATION_____

STAFF SIGNATURE_____