

**SPCA of Jefferson County  
Volunteer Application**



Volunteers play a vital role at the SPCA & their support allows us to help 1500+ animals every year. Please complete this application & return it to the SPCA. ***Please print your responses clearly.***

Date \_\_\_\_\_ Date of Birth \_\_\_\_\_

Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Email Address (*main form of communication*) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Contact Phone \_\_\_\_\_

Are you currently in high school or college? \_\_\_\_\_ School name \_\_\_\_\_

Are you volunteering to fulfill a requirement where your hours must be certified? \_\_\_\_\_

Are you volunteering as part of a group or organization? \_\_\_\_\_

If yes, please list the name of the group/organization, the contact person & contact phone number:

Group/organization \_\_\_\_\_

Contact name & number \_\_\_\_\_

Do you have experience working with animals? \_\_\_\_\_ If yes, please describe \_\_\_\_\_

Do you have pets? \_\_\_\_\_ If yes, what types & how many? \_\_\_\_\_

Are they spayed or neutered? \_\_\_\_\_ If no, do you plan to breed them? \_\_\_\_\_

Please list any special skills, training, or hobbies \_\_\_\_\_

Please check the volunteer opportunities you would like to participate in:

- |                           |                        |                                 |
|---------------------------|------------------------|---------------------------------|
| ____ Cat Wing Assistant   | ____ Petco Pal         | ____ Handy Person               |
| ____ Dog Wing Assistant   | ____ Foster Parent     | ____ Photographer               |
| ____ Small & Furry Friend | ____ Surgery Assistant | ____ Computer Pro               |
| ____ Dog Walker           | ____ Groomer           | ____ Special events/fundraising |
| ____ Kitty Cuddler        | ____ Gardner/Yard work | ____ Grant writer               |

Please list any other areas of interest \_\_\_\_\_

Please list the days & times you would be available to volunteer (our hours are in brackets):

Sun (8-11) \_\_\_\_\_  
Mon (8-11) \_\_\_\_\_  
Tue (8-4) \_\_\_\_\_  
Wed (8-4) \_\_\_\_\_  
Thu (8-4) \_\_\_\_\_  
Fri (8-4) \_\_\_\_\_  
Sat (8-4) \_\_\_\_\_

How frequently would you like to volunteer? \_\_\_\_\_

*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, a guardian must accompany you at all times while volunteering.*

I hereby give permission for \_\_\_\_\_ to volunteer at the SPCA.

Parent/Guardian Signature: \_\_\_\_\_

Parent's Last Name \_\_\_\_\_ First Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

I hereby give permission to the SPCA of Jefferson County to verify any information given above.

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

**Please return this application to:**

SPCA of Jefferson County  
Attn: Volunteer Coordinator  
25056 Water Street  
Watertown, NY 13601  
Phone: (315)782-3260

**DO NOT WRITE BELOW THIS LINE – OFFICE USE ONLY**

Reviewed by \_\_\_\_\_ Date \_\_\_\_\_

Remarks \_\_\_\_\_

Scheduled for orientation on \_\_\_\_\_

Volunteer Handbook Given \_\_\_\_\_

Code of Conduct Signed \_\_\_\_\_

Liability Waiver Signed \_\_\_\_\_