



**Suffolk County S.P.C.A.
North County Complex
725 Veteran's Memorial Hwy.
Bldg. 16 – P.O. Box 6100
Hauppauge, NY 11788-0099**

**(631) 382-SPCA
(631) 382-4042 fax**

VOLUNTEER APPLICATION ~ INSTRUCTIONS

- ◆ Complete and sign the *Humane Volunteer Application* form.
- ◆ Attach a photo copy of your **NYS Drivers License**.
(Please ensure that both information and photo are legible)

Note ~ All questions **MUST** be answered completely, leave no blanks. Insertion of **"NA"** (*Not Applicable*) is an acceptable answer for questions which do not apply.

Incomplete applications will not be processed.

Mail your application to the:

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Attn: Applicant Evaluation Section

The Suffolk County S.P.C.A. is a non-profit organization whose survival depends upon the generosity of the public through donations, contributions and fund raising projects. Our Humane Volunteers are an indispensable part of the Suffolk County S.P.C.A., providing the impetus to achieve our goals for the proper care, treatment and welfare of animals throughout Suffolk County. The Humane Volunteer is a non-law enforcement individual who provides assistance during social events, spay / neuter and rabies clinics, sheltering of animals and owners for emergency situations, fund raising projects, educational programs in local schools, animal handling and much more.



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HUMANE VOLUNTEER APPLICATION

PLEASE PRINT LEGIBLY ~ ANSWER ALL QUESTIONS, LEAVE NO BLANKS

Name: _____ **Date of Birth:** _____

Home Address: _____

City / Hamlet: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

Social Security No: _____ **Drivers License ID:** _____

EMPLOYMENT INFORMATION

Employed **Unemployed** **Retired**

Employer: _____

Address: _____

City / Hamlet: _____ **Zip Code:** _____

Office Phone: _____ **ext.:** _____ **Fax:** _____

Your Position (Title): _____ **Dept:** _____

Are you permitted calls while at work: **Yes** **No** **Emergencies Only**

Are you an Active or Retired Police / Peace Officer: **Yes** **No**

Department Name: _____ **Date Last Employed:** _____



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Are you / have been a member of any animal groups: () Yes () No (if yes, please list)

Check all the activities which you may be interested in participating?

- Humane Educational Programs Fund Raising Events Artistic Design
 Newsletter / Grant Writing Data Entry Emergency Shelter Mgmt
 Pet Adoption Fairs Spay / Neuter Clinics Rabies Clinics
 Animal Handling & Care Equestrian Assists Exotic Animals

List any specialized skills you possess which may be beneficial to the Suffolk County S.P.C.A.

Do you have any pets: () Yes () No (if yes, how many and what types)

List your availability (time / days) which may be dedicated toward participating as a Humane Volunteer.



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In your own words, briefly describe why you wish to become a Humane Volunteer of the Suffolk County S.P.C.A.

Do you have any medical or physical limitations: (i.e. allergies, diabetes, heart, spinal ailments etc.)

REFERENCES

Kindly list three (3) references and their phone numbers for contact purposes.

1. _____
2. _____
3. _____



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EMERGENCY CONTACT INFORMATION

Name: _____

Home Address: _____

City / Hamlet: _____ **Zip Code:** _____

Home Phone: _____ **Cell Phone:** _____

STATEMENT OF UNDERSTANDING

If accepted as a **Humane Volunteer of the Suffolk County S.P.C.A.**, I understand and agree that my sole area of responsibility will consist of functions and events designed to promote the welfare of the organization. My signature below attests to my knowledge and agreement that. I agree to assume full responsibility for my actions should any accident and/or property damage result from a violation of this agreement, thereby fully releasing the Suffolk County S.P.C.A., it's officers and/or agents from any liability and/or responsibility whether written or implied.

Applicant Signature: _____ **Date:** _____

Email Address: _____