



**Suffolk County S.P.C.A.  
William J. Lindsay 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:** \_\_\_\_\_ **Postal Code:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Social Security No:** \_\_\_\_\_ **Drv. License ID:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_

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### ***EMPLOYMENT INFORMATION***

**Employed**       **Unemployed**       **Retired**

**Employer:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City / Hamlet:** \_\_\_\_\_ **Postal 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)***

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

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

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

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

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

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Have you ever been summoned, charged, arrested, indicted or convicted of any crime or offense  
*(except traffic infractions)*.      Yes       No

**Note:** A '**Yes**' answer above requires detailed explanation of date(s), event(s) and summaries.  
*If additional space is needed, please use the reverse side of this sheet to continue.*

***Failure to disclose above information is grounds for immediate disqualification and termination.***

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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.**

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

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**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: \_\_\_\_\_ Postal Code: \_\_\_\_\_

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

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**STATEMENT OF UNDERSTANDING**

If accepted as a **Humane Volunteer of the Suffolk County S.P.C.A.**, I understand and agree that my responsibility as volunteer 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 understand that there is no guarantee that I will be involved in any part of the Law Enforcement Division of the Suffolk County S.P.C.A. with regard to investigations and/or the investigational process.*** 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. I swear that statements submitted in my hand, to be truthful and accurate thereby accepting the penalty of dismissal for any incomplete and/or false statements made herein.

**Applicant Signature:** \_\_\_\_\_

Sworn to before me this: \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

\_\_\_\_\_  
Notary Public