



**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 (631-382-7722)
(631) 382-4042 fax**

HUMANE VOLUNTEER APPLICATION ~ INSTRUCTIONS

1. ***** Complete, sign, & date before a notary this *Humane Volunteer Application* form ***.**
2. ***** Attach a photo copy of your NYS Drivers License ***
(Please ensure that both information and photo are legible)**
3. ***** Attach a copy of your resume *****

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.

***** THIS IS A FILLABLE FORM YOU CAN SUBMIT *****

Incomplete applications will not be processed.

***** You are encouraged to complete this fillable form and immediately submit it online, but note prior to an interview it must be signed, dated and notarized. You can also initially print/submit by mail below or fax to 631-382-4042 or email to headquarters@scspca.us attaching the above documents ***
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: _____

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*

Highest level in school _____ Degree _____ School Name _____

Provide employment data listed above for the last five (5) years on back of this page

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? Cruelty Investigations

- Humane Educational Programs Fund Raising Events Artistic Design
- Newsletter / Grant Writing Emergency Shelter Mgmt Data Entry
- 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.

Do you have any current open pending criminal charges against you, or have you ever been previously convicted of any felony, misdemeanor, or offense charges, that have not been legally sealed? (*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.

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. _____
-
-

EMERGENCY CONTACT INFORMATION

Name: _____

Home Address: _____

City / Hamlet: _____ Postal 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 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 hereby swear that the statements I have submitted in my application above, are accurate, complete, and true, and that false statements contained herein are punishable as a Class A Misdemeanor pursuant to penal law section 210.45, and any false statements made by me will be grounds for dismissal.***

Applicant Signature: _____ Date: _____

Sworn to before me this: _____ day of _____, 20_____

Notary Public (Seal)