



# Volunteer Application

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ (Must be 18 or older)

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

Physical Address: \_\_\_\_\_

Phone Numbers: (H/W) \_\_\_\_\_ (C) \_\_\_\_\_ Email address: \_\_\_\_\_

Are you currently employed?  Yes  No

If yes, who is your current employer? \_\_\_\_\_

Do you have a driver's license?  Yes  No                      Are you a student?  Yes  No

Have you ever been convicted of a felony?  Yes  No

If yes, please explain: \_\_\_\_\_

I am volunteering for:  School Requirement  Court Mandated  Want to help animals

Please list past and present volunteer experience:

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Are you able to volunteer on a regular basis?  Yes  No

Are you willing to make a six-month commitment to volunteer?  Yes  No

\*Please note that most volunteer opportunities require a six month minimum commitment.

What days are you available?

Sunday  Monday  Tuesday  Wednesday  Thursday  Friday  Saturday

What times are you available?

Mornings (8:30-11:30)  Afternoons (12-3)  Evenings (3:00-5:00)



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Do you have any allergies/physical conditions that may affect your volunteer duties?

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Do you currently have pets?       Yes     No

If yes, what pets do you have?

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Are pet's vaccinations current?       Yes     No

Are pets spayed /neutered?       Yes     No

What are you hoping to gain from your experience as a volunteer?

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What types of activities are you interested in (select all that apply)

- |   |  |                                      |   |
|---|--|--------------------------------------|---|
| <input type="checkbox"/> Dog walking                          | <input type="checkbox"/> Animal Care /<br>Cleaning | <input type="checkbox"/> Yard Work   | <input type="checkbox"/> Lobby Attendant /<br>Greeter |
| <input type="checkbox"/> Office Work                          | <input type="checkbox"/> Special Events            | <input type="checkbox"/> Foster Home | <input type="checkbox"/> Pet Therapy                  |
| <input type="checkbox"/> Humane Education/ Community Outreach | <input type="checkbox"/> Other:                    |                                      |   |

**Please list at least one individual we should contact in case of an emergency:**

1<sup>st</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

2<sup>nd</sup> Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_



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## Volunteer Release Form

I, \_\_\_\_\_, have completed this volunteer application as truthfully and accurately as possible. I understand that my volunteer work is subject to regular evaluation. If, at any time, it is felt that I have acted in an unprofessional manner or deliberately given out false information about the Pope Memorial SPCA and its policies, I may be asked to discontinue my involvement as a volunteer.

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

I, \_\_\_\_\_, a volunteer of the Pope Memorial SPCA, agree to release, indemnify and hold the Pope Memorial SPCA harmless for any and all personal injury and damage to my personal property under RSA 508:17 resulting from volunteer activities in which I am involved.

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

## Video and Media Release

As a volunteer at the Pope Memorial SPCA, you may occasionally find yourself in the presence of a television or newspaper reporter, photographer, or other media personnel. This is especially true at special events held throughout the community.

I, \_\_\_\_\_, release all of my rights to any and all photo and media references while serving as a volunteer at the Pope Memorial SPCA.

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

## Confidentiality Agreement

The Pope Memorial SPCA shares information about volunteers only among the agency's professional staff deemed to have an interest in a particular volunteer's well-being. Volunteer records are considered confidential. Requests for information about volunteers must be made through the Manager of Volunteer Services. Information will only be released with the consent of the volunteer and or volunteer's parent or guardian.

Both staff and volunteers are required to respect the confidentiality of sensitive information within the Pope Memorial SPCA, and must not share such information outside of the agency.

I have read and fully understand the confidentiality agreement above

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