



SPCA
CHAUTAUQUA COUNTY HUMANE SOCIETY, INC.

2825 Strunk Road, Jamestown, NY 14701
Phone: 716-665-2209 Fax: 716-665-2615

VOLUNTEER APPLICATION

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Age: _____ Birth Date: _____

If under 18 years of age, name of parent or guardian: _____

Please check which days/times you are available to volunteer:

- | | | |
|---|---|--|
| <input type="checkbox"/> Monday 9-noon | <input type="checkbox"/> Monday noon-3pm | <input type="checkbox"/> Monday 3-6pm |
| <input type="checkbox"/> Tuesday 9-noon | <input type="checkbox"/> Tuesday noon-3pm | <input type="checkbox"/> Tuesday 3-6pm |
| <input type="checkbox"/> Wednesday 9-noon | <input type="checkbox"/> Wednesday noon-3pm | <input type="checkbox"/> Wednesday 3-6pm |
| <input type="checkbox"/> Thursday 9-noon | <input type="checkbox"/> Thursday noon-3pm | <input type="checkbox"/> Thursday 3-6pm |
| <input type="checkbox"/> Friday 9-noon | <input type="checkbox"/> Friday noon-3pm | <input type="checkbox"/> Friday 3-6pm |
| <input type="checkbox"/> Saturday 9-noon | <input type="checkbox"/> Saturday noon-3pm | <input type="checkbox"/> Saturday 3-6pm |
| <input type="checkbox"/> Sunday 8-10am | <input type="checkbox"/> Sunday 11-4pm | |

Please RANK in order of preference which activities you are interested in:

- | | |
|--|---|
| <input type="checkbox"/> Cat socialization | <u>Working</u> with the cats to socialize them helps relax and de-stress while at the shelter. Also, some cleaning of their cages to keep them comfortable. |
| <input type="checkbox"/> Dog Walking | <u>Walking</u> of adult dogs and old puppies to ensure they receive their daily exercise & socialization. |
| <input type="checkbox"/> Beautification | <u>Volunteers</u> help with cleaning, laundry, and organization of supplies, pick up supplies, cleaning the grounds, water plants, weeding & planting on site. |
| <input type="checkbox"/> Special Events | <u>Assist</u> with adopt-a-thons, fund-raising/publicity events such as dog walk, Santa photos, parades, golf tournaments, humane education, etc. |
| <input type="checkbox"/> Foster Care | <u>Caring</u> for orphaned, injured, abandoned or ill animals until they can be put up for adoption. A separate application will need to be filled out. |
| <input type="checkbox"/> Pet Therapy | <u>Visit</u> residents in area nursing homes, assisted living centers, retirement villages, hospitals, etc. |
| <input type="checkbox"/> Desk Assistant | <u>Helps</u> with answering phones, taking messages, provides basic information about the pet and takes them in to the "get acquainted area" to visit with potential adopters. |
| <input type="checkbox"/> Office Assistant | <u>Files</u> data on pet intakes and adoptions, type, update archives (clippings and Photos) prepare mailings and stuffing envelopes, input data on computer. |

1. As a Humane Society volunteer you are required to commit a minimum of four hours per month for a minimum of six months to the shelter, do you feel you are able to make and keep this commitment? _____
2. What do you feel are some of your greatest strengths?

3. Do you have any situations or health issues the shelter should be aware of? (Please explain)

4. Were you ever or are you now actively involved with any other non-profit community or religious organization? (If yes, please list organizations)

5. Please rate yourself on a scale of one to five, with one being poor and five being excellent, on the following areas:

____ Punctuality	____ Customer Service	____ Dedication	____ Dependability
____ Character	____ Quality of work	____ Self-motivation	
6. Would you consider yourself out-going or shy? _____
7. Please list any hobbies, skills or extra curricular activities that you enjoy :

8. Have you ever been convicted of a crime? (if yes, please explain)

9. How do you feel about spaying or neutering pets?

10. Are there any animals you are uncomfortable working with (ie. large dogs)

11. Are you allergic to any animals or chemicals such as bleach, quat, etc.?

12. Do you have any specific training pertaining to the care of pets? (obedience instructor, grooming, veterinarian, etc)

13. Do you understand that the Chautauqua County Humane Society is a no need to kill Shelter, but we do still euthanize animals if they are not healthy or friendly. However, we do not euthanize for space. Please explain your feelings regarding euthanasia:

14. Please tell us about yourself and why you would like to volunteer at the shelter.

15. How did you hear about the volunteer program?

Please read through and initial the following:

1. I understand the "Volunteer Visitor Policy" in that, I may only bring a visitor during non-volunteer visits during normal business hours (when the shelter is open for viewing), and I am only showing them around the public area of the building. ____ (initial)
2. I understand the importance of the minimum time commitment: 4 hours per month for 6 months. Should I find the nature of this volunteer work is not what I expected, or I can not fulfill my commitment, I will contact the volunteer Coordinator so she may update her records. The volunteer Coordinator may pull me from a program if I do not follow the protocol for the animals' safety and mine. ____ (initial)
3. I understand the bi-monthly volunteer newsletter is emailed to volunteers provided your email is current. If you do not have email, it is up to you to pick up a copy of the newsletter at my desk. The Volunteer Coordinator will post on the volunteer information board when the new one is out. It is my responsibility to read the newsletter to stay informed about the volunteer program. ____ (initial)
4. I understand it is recommended that I have an up-to-date Tetanus vaccine, in the chance I may be bitten or scratched. This is not a requirement to volunteer, but strongly advised. Tetanus vaccines need to be updated every ten years. It may be obtained by my physician at my own expense. ____ (initial)
5. I understand that as a volunteer for the Chautauqua County Humane Society, I will be working with animals with unknown and unpredictable characteristics and dispositions, and will be subjecting myself to various work conditions. I hereby assume the risk of any injury that may result from my volunteer services at Chautauqua County Humane Society. By signing this application: I, intending to be legally bound for myself, my heirs, executors and administrators, release the Chautauqua County Humane Society, it's officers, directors and staff from any and all rights and claims for damages I may have arising, out of injuries or illnesses suffered by myself or my pets incidental to my volunteer services. ____ (initial)

Signed: _____

Parent/guardian Signature if under 18: _____

Date: _____

The Chautauqua County Humane Society reserves the right to decline any volunteer application for any reason. This may include but is not limited to any area where there is a conflict of interest.

REMIT TO: Chautauqua County Humane Society
2825 Strunk Road
Jamestown, NY 14701
Attention: Volunteer Coordinator

Phone: 716-665-2209
Email: sbloom@netsync.net