

## SPCA SUNCOAST VOLUNTEER APPLICATION

(Applicants must be 16 years of age or older and present ID)

Thank you for applying to be a Volunteer and donating your time to assist SPCA Suncoast West Pasco in their organization goals and mission. We deeply appreciate your time and services for the welfare of the animals in our community and could not provide the constant care that is required without the support from people like you!

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Alt # \_\_\_\_\_ Email \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver License \_\_\_\_\_  
 (Applicants under the age of 18 must have Parent or legal Guardian attend the safety orientation and sign the Volunteer Agreement/Release Indemnification)

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_ Phone # \_\_\_\_\_

Pet Allergies \_\_\_ Dogs \_\_\_ Cats \_\_\_ Other \_\_\_ Prefer working with \_\_\_ Dogs \_\_\_ Cats or \_\_\_ Both

Pets Owned \_\_\_ Dogs \_\_\_ Cats \_\_\_ Other \_\_\_ Volunteer Experience \_\_\_ (Y) \_\_\_ (N)

Student \_\_\_ (Y) \_\_\_ (N) If yes, explain \_\_\_\_\_

Employed or Retired \_\_\_\_\_ Occupation \_\_\_\_\_

History of Animal Abuse \_\_\_ (Y) \_\_\_ (N) Convicted of a Crime \_\_\_ (Y) \_\_\_ (N) If yes, explain \_\_\_\_\_  
 (Please answer truthfully – background checks are conducted and must be agreed to prior to signing the application)

**Shelter is open Wednesdays through Sundays and closed on Mondays and Tuesdays**  
 Shifts available for volunteering are Mornings from 8:30-12:00 Noon and Afternoons from 2:00-5:30 PM  
 Please indicate day(s) and time(s) of your availability (minimum of one hour):

Shifts	Wednesday	Thursday	Friday	Saturday	Sunday
Morning 8:30-12:00					
Afternoon 2:30- 5:00					

Please note that court-ordered community services are no longer provided at this facility.

You will be provided with the Volunteer Program Information and tasks available. A brief Safety Orientation is required prior to signing the Agreement/Release and volunteering with SPCA Suncoast of West Pasco.

By signing this Application, you are affirming that you have completed each field in a truthful and accurate manner and understand that you are providing your services in an unpaid volunteer capacity without any express or implied promise of rewards, salary or employment benefits.

\_\_\_\_\_  
 (Volunteer Signature)

\_\_\_\_\_  
 (Parent/Guardian (if under 18))

\_\_\_\_\_  
 (Date)