



<b>For Office Use Only</b>
Orientation Date _____
Conducted By _____

# Volunteer Application

All information provided is confidential and used solely for Bay Area Pet Adoptions/SPCA business. We respect your privacy and will not provide this information to any third party without your express written consent, unless required by law.

Date: \_\_\_\_\_ Birth Date (month/day): \_\_\_\_\_

Are you over age 18? \_\_\_\_\_ If you are under age 18 what is your full birth date? \_\_\_ / \_\_\_ / \_\_\_\_\_  
***We are unable to accept children 12 years and younger into our volunteer program. A parent or legal guardian must accompany children between the ages of 13 and 16 at all times while at Bay Area Pet Adoptions/SPCA. All children under the age of 18 must have a parent sign a liability waiver.***

Name: \_\_\_\_\_ Email: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

May we call you at work? \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Communication: In the interest of time, cost and general efficiency, most of our volunteer communication will be done via email. This will keep confusion to a minimum while providing you with the opportunity to read the latest urgent requests for help and breaking news, all from the comfort of your own home surrounded by your very own beloved pets.**

Occupation/Employer: \_\_\_\_\_

Driver's License No. & State: \_\_\_\_\_

Does your Employer have a Volunteer Match Program? \_\_\_\_\_

Do you have physical, medical or psychological limitations or disabilities (e.g. heart condition, back injury, epilepsy, allergies) that might hinder your participation in the volunteer program? \_\_\_\_\_

If Yes, please explain: \_\_\_\_\_

How did you hear about our Volunteer Program? \_\_\_\_\_

Why would you like to be a Bay Area Pet Adoptions/SPCA Volunteer? \_\_\_\_\_

Do you have previous volunteer experience or experience working with animals or the public? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

**Have you ever been charged or convicted of any crime involving an animal? Yes \_\_\_\_\_ No \_\_\_\_\_**

**If yes, please provide specifics: \_\_\_\_\_**

**Emergency Contact Information:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Daytime Phone: \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Address: \_\_\_\_\_ City \_\_\_\_\_ State: \_\_\_\_\_

**PLEASE CHECK ALL AREAS OF INTEREST** (Training and mentoring provided for all positions.)

- Adoption Host
- Canine Crew (See Volunteer page on website for description)
- Cat Cuddler (See Volunteer page on website for description)
- Facility Maintenance and Groundskeeping
- Foster Parenting
- Office Work (Onsite and Offsite)
- PetSmart Adoption Host (I-45 @ FM 646 League City) *Must be 21 years old.*
- Special Events & Projects
- Woofstock Committee

Please visit [www.BayAreaPetAdoptions.org](http://www.BayAreaPetAdoptions.org) for detailed Volunteer descriptions.

Describe any special skills or special areas of interest you may have that are not listed above.

\_\_\_\_\_  
\_\_\_\_\_

**Please check the boxes to indicate when you are available:**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

How many hours are you willing to commit to per month? \_\_\_\_\_

Are you available to do any pickups and/or deliveries? \_\_\_\_\_

What is your primary area of interest? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

