

72 Cameron Street  
Bath, New York 14810  
607-622-5363 (Admin)  
607-776-3039 (Shelter)



**FINGER LAKES  
S P C A**

Jean Peterson  
*President, Board of Directors*  
Michael Hopkins  
*Executive Director*

[www.fingerlakesspca.org](http://www.fingerlakesspca.org)

NYS Registered Shelter RR157

**Volunteer Application**

The Finger Lakes SPCA is a not-for-profit charitable organization funded primarily through donations. Our mission is the prevention of cruelty to animals, the care of animals in need of new homes, and the education of current and potential pet owners about responsible ownership. We welcome the participation of those willing to represent our organization and work with us in accordance with our mission. Thank you for your interest!

Please fill out this form to the best of your ability. Being a volunteer is a serious commitment, and we know you will appreciate that we must screen applicants and require a thorough orientation. Filling out a form does not mean you will automatically become a volunteer, but we will do everything possible to find a way for you to be part of our team. We ask for your patience in the process, as this is just one of the many tasks that present themselves on a daily basis. Please note that volunteers must be a minimum of 18 years of age. If you are under 18 and need hours to fulfill a graduation required, please call the Shelter.

Name \_\_\_\_\_

Address (including street if a PO Box) \_\_\_\_\_

Town, State & Zip \_\_\_\_\_

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

E-mail address \_\_\_\_\_

Age \_\_\_\_\_ Past or Present Profession \_\_\_\_\_

Experience with Animals (check all that apply):

Small Animal Care \_\_\_\_\_ Dog Obedience Training \_\_\_\_\_

Large/Farm Animal Care \_\_\_\_\_ Dog Agility Training \_\_\_\_\_

Exotic Animal Care \_\_\_\_\_ Other Animal Training \_\_\_\_\_

Wildlife Rehabilitation \_\_\_\_\_ Pet Sitting/Boarding \_\_\_\_\_

Grooming \_\_\_\_\_ Breed Rescues \_\_\_\_\_

Types of Animals included above \_\_\_\_\_

Past Shelter Experience (include organization and dates) \_\_\_\_\_

Other Experiences, Skills, Strengths (What do you love to do?)

Gardening \_\_\_\_\_ Painting \_\_\_\_\_ Landscaping \_\_\_\_\_

Farm Equipment Use \_\_\_\_\_ Farm Chores \_\_\_\_\_

Graphic Arts \_\_\_\_\_ Carpentry \_\_\_\_\_ Clerical/Office Work \_\_\_\_\_

Web Design \_\_\_\_\_ Social Media \_\_\_\_\_ Calligraphy \_\_\_\_\_

Writing/Editing \_\_\_\_\_ Marketing \_\_\_\_\_ Photography \_\_\_\_\_  
 Volunteer Development/Coordination \_\_\_\_\_ Computers \_\_\_\_\_  
 Sewing \_\_\_\_\_ Crafts \_\_\_\_\_ Teaching \_\_\_\_\_  
 Fundraising \_\_\_\_\_ Grant Writing \_\_\_\_\_ Finance \_\_\_\_\_

Other \_\_\_\_\_

When Are You Available to Volunteer?

*Note that shelter volunteers generally work during business hours, although you may be asked to start as early as 10 am. This is due to the reality that staff must be present if volunteers are working.*

	Monday	Tuesday	Wednesday	Friday	Saturday
Morning					
Afternoon					

Would you be willing to volunteer off the FLSPCA premises? Yes No

What is your preferred method of contact? Phone Text E-mail

Do you have any medical issues or physical restrictions of which we should be aware?

Yes No If yes, explain \_\_\_\_\_

Areas of Interest (check all that apply)

Animal care/comfort \_\_\_\_\_ Socialization of Cats/Dogs \_\_\_\_\_ Dog Walking \_\_\_\_\_  
 Obedience Training \_\_\_\_\_ Small Animal Transport \_\_\_\_\_ Foster Care \_\_\_\_\_  
 Office Support \_\_\_\_\_ Photography \_\_\_\_\_ Receptionist \_\_\_\_\_  
 Correspondence \_\_\_\_\_ Human Education \_\_\_\_\_ Gardening \_\_\_\_\_  
 Assist at Fundraising Events \_\_\_\_\_ Retail Store \_\_\_\_\_ Special Events \_\_\_\_\_  
 Supply Runs \_\_\_\_\_ Cleaning \_\_\_\_\_ Information Desk \_\_\_\_\_  
 Public Relations \_\_\_\_\_ Farm Chores \_\_\_\_\_ Animal Grooming \_\_\_\_\_  
 Board of Directors \_\_\_\_\_ Finance Committee \_\_\_\_\_ Property Committee \_\_\_\_\_

References (other than family members)

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

Permission & Signature

I confirm that the information provided on this application is correct and give my permission to verify any of the information and contact my references.

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