

**The Lycoming County
Society for the Prevention of Cruelty to Animals**

2805 Reach Road
Williamsport, PA. 17701
(570) 322-4646
<http://www.lycomingspca.org/>

Volunteer Application

Today's Date _____

NAME _____

ADDRESS _____

BIRTHDATE _____ PHONE _____

E-MAIL ADDRESS _____

If under 18 years of age, NAME OF PARENT or GUARDIAN.

PERSON to notify in case of an emergency, include TELEPHONE NUMBER.

If employed, NAME OF EMPLOYER and ADDRESS. _____

WORK PHONE _____

Can you be contacted at work? Please check. Yes No Leave message only

If a student or unemployed, please give two references. Include NAME and PHONE.

Are you related to or are you a friend of an SPCA employee or volunteer? Yes No

If YES, please state name and relationship. _____

Do you have hospitalization insurance? Yes No

Date of your last tetanus vaccination. _____

Please tell us about yourself and why you wish to volunteer your services at the Lycoming County

SPCA? _____

Please tell us about your past or present volunteer experiences. _____

Were you ever or are you now actively involved with any other non-profit, community or religious organizations? Yes No If Yes please list organizations. _____

What is your experience with animal care and handling? _____

Do you have any specific skills or training pertaining to the care of pets (i.e. obedience instructor, grooming, or veterinarian, etc.)? _____

Do you have any outside interests that may enhance the SPCA's role in the community? (E.g.; photography, advertising, artwork, public relations, arts/crafts, computer skills, medical/health care background or experience, etc.)? _____

Please list any hobbies, skills or extra curricular activities you enjoy. _____

What do you feel are some of your greatest strengths. _____

As an SPCA volunteer, you are required to commit to a **minimum of four to eight hours per month for a minimum of six months** to the shelter. Do you feel you are able to make and keep this commitment? Yes No If NO, why not? _____

Do you have any situations or health issues the shelter should be aware of? Yes No
If YES, Please explain. _____

Have you ever or are you currently involved with the breeding of animals? Yes No
Please explain your opinion on the breeding of pets. _____

Do you understand that the Lycoming County SPCA is an open shelter, that we receive more animals than we have kennel space for, and that we do Euthanize animals? Yes No
Please explain your feelings regarding euthanasia. _____

Please note that volunteer orientation is usually held in January, March, May, July, and September.
You will be contacted about one month in advance to schedule an orientation.

In signing this application, I understand and agree to the following:

I agree to abide by the policies and procedures presented to me at the new volunteer orientation and training meeting.

I will maintain confidentiality regarding any and all matters not in the best interest of the animals, their new or previous owners, and/or anything pertaining to the operation of the Lycoming County SPCA.

In the event that I am injured while acting as a volunteer at or for the Lycoming County SPCA, I understand that I am not covered by the Workman's Compensation Law of Pennsylvania.

I agree to volunteer at least **four hours** a year in fundraiser events as part of my volunteer duties.

I agree to attend and complete mandatory animal handling training prior to being scheduled to work with shelter animals. The animal handling training will be scheduled approximately two months after attending the new volunteer orientation.

DATE _____ SIGNATURE _____

For Office Use Only

1. Application Reviewed _____ Approved Yes No If NO, why _____
2. New Volunteer Orientation Date _____
3. Added E-Mail Address _____
4. Added Information into Database _____
5. Four Hours of Special Events Completed _____
6. Sunday Morning Training Date _____
7. Animal Handling & Training Date _____
8. Volunteer Assignment _____
9. Application Entered into Volunteers' Spreadsheet _____

What activities would you like to be involved with? (Check all that apply.)

1. Education-classroom and youth groups. Please circle. Day or Evening _____
2. Pet therapy-nursing home visitations_____
3. Events-fundraisers and community projects_____
4. Office work_____
5. Hands-on with the animals_____
6. Dog walking_____
7. Dog training_____
8. Cat Socialization_____
9. Greeter program_____

Please Read the following statements.

Please initial on the line provided, indicating that you have read and understand the statement.

For the safety of the animal and the community, the Lycoming County SPCA does not adopt out feral cats. These animals are humanely euthanized to prevent them from ending up in an unfortunate situation where they may hurt someone, be hurt or suffer illness. The SPCA does concede that not all of these animals are mean or vicious; however, proper screening and placement of these animals far outweighs our resources as a shelter.

Please initial here._____

I understand the "Volunteer Visitor Policy" in that, I may only bring visitors during NON-Volunteer visits, during normal business hours (when the kennels are open for viewing), and I may only show them around the public areas of the building and may not get animals out of their kennels.

Please initial here._____

I understand the importance of the minimum time commitment; four to eight hours per month, for six months. Should I find the nature of this volunteer work is not what I expected, or, that I cannot complete the minimum hours for any other personal reason, I will inform the Volunteer Coordinator so she may update her records accordingly. I realize this may require me to attend all training AGAIN should I want to volunteer in the future. I understand that I may be terminated from the volunteer program and revoked of certain animal handling privileges should I exhibit an unexplained absence. This too, at the discretion of the Volunteer Coordinator, may require me to attend training again. I understand these policies are in place to ensure volunteers are confidently trained, thus lessening the chances of injury.

Please initial here._____

I understand it is recommended that I have an up to date TETANUS vaccine, in the event that I am bitten or scratched. This is not a requirement to volunteer, but is strongly advised. TETANUS vaccines need to be updated every 10 years. It may be obtained by my physician at my own expense.

Please initial here._____

TO BE COMPLETED AT ORIENTATION

WAIVER: I understand that as a volunteer for the Lycoming County SPCA, I will be working with animals with unknown and unpredictable characteristics and dispositions, and will be subjecting myself to various work conditions. I assume the risk of any injury that may result from my volunteer services at the Lycoming County SPCA. I, the undersigned, hereby release the Lycoming County SPCA, its employees and/or directors from any and all liabilities that may occur during my volunteer time with the shelter. I further acknowledge that I am of sound health and physically able to participate in this volunteer capacity.

(Volunteer Signature) (Parent if Minor)

(Witness)

(Date)