



Fluvanna SPCA • 5239 Union Mills Road • Troy, VA 22974
(434) 591-0123 • www.fspca.org • director@fspca.org

Volunteer Application

Thank you for your interest in volunteering with the Fluvanna Society for the Prevention of Cruelty to Animals (FSPCA)! Volunteers are essential to the efficient operation of the shelter. With your help, the shelter is able to meet the basic needs of the animals in its care and provide enrichment to enhance their quality of life before they move on to their forever homes.

Please note:

- ✓ Volunteers must be at least 18 years old to volunteer on their own.
- ✓ Children under the age of 18 are welcome to participate in volunteer activities under the direct supervision of their parent, guardian, or other responsible adult.
- ✓ Volunteers are asked to make at least a 6-month commitment to the shelter.
- ✓ Volunteers are asked to commit to working a minimum of 4 hours per month.
- ✓ Completion of this application does not guarantee acceptance as a volunteer.
- ✓ You must print legibly in order for your application to be processed.

Section 1: Personal Information

Name: _____
Last First Middle Initial

Name You Prefer to Be Called: _____ Date of Birth: _____

Street Address: _____

City: _____ Zip Code: _____

E-Mail Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Are you: Employed Not Employed Retired College Student

List your occupation and employer (if applicable) OR your school: _____

Have you been convicted of a felony or an animal cruelty offense? Yes No

If yes, please explain: _____

Emergency Contact Information:

Name: _____ Relationship to You: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Section 2: Volunteer Information

Why do you want to volunteer for the FSPCA? _____

How did you hear about the FSPCA volunteer program? _____

Please list other volunteer activities that you are currently participating in: _____

What is your experience working with cats? _____

What is your experience working with dogs? _____

What are your hobbies? _____

Volunteer activities often require you to work independently and perform physical tasks. Do you have any physical or mental restrictions which would limit your ability to perform volunteer work? Yes No
If yes, what accommodations would be needed to enable you to perform the work? _____

Section 3: Areas of Interest and Availability

Please rank your top three areas of interest below with 1 being your top choice. Descriptions of each option are available on the Volunteer Opportunities sheet.

- | | | |
|---|---|--|
| <input type="checkbox"/> Dog Walker | <input type="checkbox"/> Animal Groomer | <input type="checkbox"/> Grant Writer |
| <input type="checkbox"/> Cat Socializer | <input type="checkbox"/> Yard Worker | <input type="checkbox"/> Fundraising Event Coordinator |
| <input type="checkbox"/> Adoption Outing Worker | <input type="checkbox"/> Follow-Up Caller | <input type="checkbox"/> Animal Transporter |
| <input type="checkbox"/> Front Desk Assistant | <input type="checkbox"/> Animal Foster | |

Other: Please list – _____

Please list your preferred days and times to participate in volunteer activities

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

I prefer to work: weekly every other week monthly as needed

Other - _____

Section 4: Volunteer Agreement

I certify that I have completed this application truthfully and completely, to be best of my knowledge. I agree to hold harmless the FSPCA, its employees, and Board of Directors from any and all liability that might be incurred during the course of my volunteer service. I agree to fully comply with the FSPCA's rules and procedures. I agree to respect the confidential nature of the information I may obtain. I understand that my failure to follow the policies and rules of the FSPCA will result in the termination of my services as a volunteer. I understand that as a volunteer, I serve at the discretion of the FSPCA and my volunteer status may be terminated at any time for any reason.

Signature: _____ Date: _____