



Volunteer & Community Service Application

940 Little Britain Road | New Windsor, NY 12553 | 845.564.6810

44 Police Drive | Goshen, NY | 845.294.3984

www.HudsonValleySPCA.org | info@HudsonValleySPCA.org

Last Name: _____ First Name: _____ Age: _____

Address: _____ Zip: _____ City: _____ State: _____

Cell PH: _____ Home PH: _____

Email: _____ Today's Date: _____

If you are a minor, parental/guardian consent is required to volunteer with us. Please ensure this step is filled out so we can properly process your application.

For minors, please provide a name and phone # for your parent/guardian here:

Parent/Guardian Name(s): _____

Phone: _____ Alternate Phone: _____

VOLUNTEERING

Do you have known allergies to any animals? Yes / No (circle one)

Please check the areas in which you would like to help:

Dog Care _____ Cat Care _____ Thrift Store _____ Volunteer Coordinating _____

Gardening _____ Yardwork _____ Fundraising _____ Events _____ Cleaning/Organizing _____

Do you have any prior volunteer experience or experience with animals in general? Tell us about it if so!

Why do you want to volunteer with us? What do you hope to contribute?

AVAILABILITY

We are open 7 days a week, from 12 PM to 4 PM. Volunteer hours run from 10:30 AM to 3:30 PM. Please check the days of the week you can volunteer, and specify next to the day which times you are available.

Mon _____

Tues _____

Wed _____

Thurs _____

Fri _____

Sat _____

Sun _____

COMMUNITY SERVICE

Is this for Community Service for a school, religious organization. etc: Yes / No

If YES: How many hours are needed:_____ Organization:_____

Contact person:_____ Phone #:_____

Is this Court mandated: Yes / No Offense:_____

Court:_____ Hours Needed:_____

In case of an emergency, provide an emergency contact:

Name:_____ Phone:_____ Relationship:_____

VOLUNTEER DISCLAIMER

Please read the following statement and sign below if you agree to the terms stated. Your signature verifies that you have completed your application fully and are submitting it to the HVSPCA.

I, _____ understand that I will be supervised by an HVSPCA employee while volunteering (volunteering includes but is not limited to assisting and attending to dogs or cats housed at the HVSPCA). I have read the general guidelines.

If I am over the age of 18, duties will include (but not be limited to) cleaning cages/outside runs, cleaning reception areas, gardening/yard work, walking and watering dogs, feeding and watering cats, and fundraising.

If I am under the age of 18 my duties will include (but not be limited to) cleaning cages, cleaning outside runs, yard work, reception area cleaning, helping in the cat rooms, and fundraising.

I understand that some animals have unknown backgrounds and may behave unpredictably at times due to the neglect and/or abuse they may have suffered. I will follow ALL shelter guidelines provided by HVSPCA staff when interacting with the animals. I understand that all animals housed at the HVSPCA are legally immunized by a veterinarian. I understand that if at any time animals become involved in an altercation, I will NOT intercede but will call a staff member IMMEDIATELY. I also will not hold the HVSPCA liable should I be injured while volunteering.

Volunteer Signature: _____

Volunteer Print Name: _____ Date: _____

Parent/Guardian Signature: _____

Parent/Guardian Print Name: _____ Date: _____