



Volunteer & Community Service Application

940 Little Britain Road New Windsor, NY 12553 845-564-6810
www.HudsonValleySPCA.org

Name: _____ Date: _____

Address: _____ City: _____

Zip: _____

Phone: _____ E-mail: _____

Are you allergic to any animals? (circle one) **YES NO DOGS or CATS** (circle one)

Are you a minor/under 18 (circle one): **YES NO** If a minor, how old are you? _____

If you are a minor, parental consent is required. Please provide parent/guardian name and phone:

Parent/Guardian Name(s): _____

Phone: _____ Alternate Phone: _____

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

Dogs___ **Cats**___ **Gardening**___ **Yardwork**___ **Fundraising**___ **Events/Promotions**___

Is this for Community Service for a school, religious organization. etc. (circle one) **YES NO** If YES:

How many hours are needed _____

Organization: _____

Contact person: _____

Phone #: _____

Is this Court mandates (circle one) **YES NO**

Offense: _____

Court: _____

Hours Needed: _____

In case of an emergency (or if parent/guardian cannot be reached) provide an emergency contact:

Name: _____ Phone: _____ Relationship: _____

Volunteer Disclaimer

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).

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 Printed Name: _____

Parent/Guardian Signature _____

Parent/Guardian Printed Name: _____

Date: _____