

PLEASE GIVE COMPLETED APPLICATION TO A LAST HOPE VOLUNTEER TO BE FAXED TO 631-706-7177

VOLUNTEER APPLICATION

Name: _____ Home phone: _____ Cell phone: _____

Address: _____ City/State/Zip: _____

E-mail address: _____ Fax: home work

Mo/Day of Birth _____ If under 18, age _____ Single married Children? (their ages) _____

Employed? If so, list your employer information: Employer: _____

Address: _____ City/State/Zip: _____

Position/Title: _____ Work Hours & Days: _____

Work phone: _____ Are you allowed calls at work? Y N Emergencies only

Are you attending school? If so, name of school: _____

What days of the week and hours can you volunteer? (Example: Monday 3-5, Saturday 10-12) _____

Could you work as an alternate filling temporary assignments (usually with short notice)? Y N

Have you ever volunteered with Last Hope before? Y N When/where _____

Have you ever had or do you currently have a pet? Y N What type? _____

How did you hear about Last Hope? _____

Do you belong to any other humane groups? If so, please list them; indicate your position, how long you have been active and what you do (phone, fundraiser, etc.) _____

Check the volunteer activities in which you would like to participate:

Cat Care: Includes feeding, cleaning cages, socializing and showing cats to the public

- Last Hope Inc., Wantagh Center (Beltagh Avenue)
- Petco – 565 Jericho Turnpike, Syosset
- Petco – 1141 Wantagh Avenue, Wantagh (Willow Woods Shopping Cntr.)
- PetSmart – Merrick Road/Newbridge Road, Bellmore
- PetSmart – 350 Walt Whitman Road, Huntington Station

Dog Care: includes dog walking, cleaning cages, showing dogs to the public at LAST HOPE, Inc, Wantagh Center (Beltagh Avenue)

Additional areas where we need help (can be more than one):

- Assist at pet adoption days, vaccination clinics Telephone Work
- Fostering Fund Raising (Fairs, Flea markets) Create Posters

Is there any other volunteer work that you would like to do for Last Hope? _____

Will you need verification of your time volunteering to a third party? Y N

Do you have any medical/physical disabilities (bad back, allergies, etc.) Y N Please explain _____

References (name, phone number, relationship) _____

Person to contact in case of emergency (name, relationship, home phone number, work phone number) _____

When did you have your last tetanus shot? _____

As a volunteer for Last Hope, Inc., I understand that working with animals can be a risk. I agree to assume full responsibilities if an accident or property damage were to result, and that I release Last Hope, its officers and/or its agents from any liability or responsibility what-so-ever. I understand that if I have not had a tetanus shot within the last five (5) years, I will be responsible for having this shot done by my physician. If I am under 18 years of age, I must have a person or legal guardian read and sign my completed Volunteer Application before I can be considered. PLEASE NOTE: THAT ANYONE UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN WHILE PERFORMING THEIR VOLUNTEER ACTIVITIES.

X _____
Volunteer's Signature

Date

X _____
Parent/Guardian's Signature (if under 18 years of age)