

Volunteer Application

SPAY ILLINOIS

122 E Washington street Mokenca, IL 60954
1-815-472-2300

Please complete this application so that we can discover more about you, your interests, your skills, and your intentions in volunteering with us.

Name: _____

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

Home Phone: _____ E-mail: _____

Work Phone: _____ Fax: _____

Cell Phone: _____ Pager: _____

Emergency Contact Name: _____ Phone: _____

How did you hear about us? _____

Why do you want to volunteer with SPAY ILLINOIS?

Have you ever volunteered for another animal related organization? Yes ___ No ___ If yes, which one & in what capacity?

Are you volunteering to fulfill a community service commitment? _____

How many hours per week will you volunteer? _____

Please list the times that you will be available to volunteer?

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
A.M.							
P.M.							

Do you have previous experience working with animals? Yes ___ No ___ Please explain _____

Do you have any veterinarian clinic experience? Yes ___ No ___

If yes Please explain _____

What skills, training, or knowledge do you have that will assist in volunteering? _____

Please check the kind of volunteer work you would be willing to do to benefit SPAY ILLINOIS:

- Socialization Dog Walker Home Visits
- Adoption Events Special Events Fundraising
- Humane Education Grant writing Newsletter
- Writing Articles Internet Research Clerical/Data Entry
- Marketing/Publicity/Advertising Get donations of collars, leads, food, etc
- Find Sponsors Recruiting New Volunteers Transportation
- Fostering a dog in your home

Other interests: _____

Foster:

Do you have other pets in your home? _____

Are they Spayed/Neutered? Yes _____ No _____ If no, why not? _____

Are they current on vaccinations? Yes _____ No _____

Do they get along with other dogs? Yes _____ No _____

Is anyone in your household allergic to animals? Yes _____ No _____

Can you separate the rescues from your own animals? Yes _____ No _____ Please explain _____

Do you have a fenced in yard? Yes _____ No _____

Do you have experience introducing unfamiliar dogs to each other? Yes _____ No _____

Are you familiar with positive obedience training techniques? Yes _____ No _____

How long are you willing to foster? Emergency _____ Overnight _____ Short term _____

Until Adopted _____ Other _____

Volunteer Waiver (All Must Sign)

I, _____ agree to serve as a member of the volunteer team at the discretion of SPAY ILLINOIS. And to abide by the policies and procedures as explained to me by SPAY ILLINOIS during any volunteer training and activity.

I give my consent to provide my name, voice, photograph and film of myself or any pet in my care to the media for advertising, programming or promotional activities for the SPAY ILLINOIS, Inc. and understand that I will receive no compensation for giving this permission.

Name: _____ Today's Date: _____

Parental Permission (If under 18 years of age)

This form is required for any person under the age of 18 in order to be considered as a volunteer with SPAY ILLINOIS.

I, _____, agree to all _____

PRINT NAME OF PARENT OR GUARDIAN

PRINT NAME OF MINOR

To participate in the SPAY ILLINOIS Teen Volunteer Program, I have read and understood all the volunteer information provided. I will be responsible for the transportation of my teen to and from volunteer jobs and events.

Signature of Parent or Guardian

Date