

SPAY ILLINOIS



WWW.SPAYILLINOIS.ORG

# SPAY ILLINOIS

## Volunteer Program

Are you passionate about ending unnecessary companion animal suffering and euthanasia in Illinois? Would you like to make a difference for the pets in your community? Do you like sharing ideas and stories with other animal lovers? Then the SPAY ILLINOIS Volunteer Program may be for you!

### **Requirements:**

---

- Must be 18 years or older
- Minimum time commitment dependent on volunteer job
- Flexible
- Must be a team player

### **Volunteer Position Descriptions:**

---

There are several opportunities to help SPAY ILLINOIS. General volunteer position descriptions are below.

#### *Outreach:*

- Build awareness and a good reputation of SPAY ILLINOIS by representing us at various outreach events

#### *Surgery Clinic Assistant:*

Assist Spay Illinois staff on surgery days preparing surgery packs, cleaning, and surgical recovery

#### *Fundraising Committee:*

- Aid SPAY ILLINOIS staff in planning and executing fundraising events
- Collect donations and reach out to sponsors
- Advertise events
- Time commitment: Medium – High
  - Requires planning at least one fundraising event per year. Planning includes regular meetings and other duties as designated by staff.
  - Must work well in a team and be a self-motivator

#### *Office Assistant:*

- Assist SPAY ILLINOIS staff with data entry
- Answer phones and assist clients
- Various tasks as necessary
- Time commitment: Medium -- High
  - Requires a minimum of 4 volunteer hours per month

#### *Transport:*

- Participate in SPAY ILLINOIS supply transports
- Time commitment: Medium -- High
  - Requires a personal vehicle, valid Driver's License, and a set weekly or biweekly transport schedule.
  - Must be flexible

SPAY ILLINOIS



WWW.SPAYILLINOIS.ORG

# SPAY ILLINOIS

## Volunteer Application

Date: \_\_\_\_\_

Thank you for your interest in volunteering with SPAY ILLINOIS! With your help, we can end unnecessary companion animal suffering and euthanasia in Illinois. Please complete this application so we can discover more about you, your interests, and your skills. Please contact Kathi at 877-475-7729 or [kdaniels@spayillinois.org](mailto:kdaniels@spayillinois.org) with any questions. *Please email applications to [kdaniels@spayillinois.org](mailto:kdaniels@spayillinois.org) or fax to 630.961.8002.*

### Applicant Information

Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

Primary Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

How did you hear about us?

Have you ever volunteered for another animal related organization? If yes, please list the organization(s) and volunteer title.

Why do you want to volunteer with SPAY ILLINOIS?

Please list relevant skills or experiences

### Emergency Contact Information

Name:

\_\_\_\_\_

*Last*

\_\_\_\_\_

*First*

\_\_\_\_\_

*M.I.*

Address:

\_\_\_\_\_

*Street Address*

\_\_\_\_\_

*Apartment/Unit #*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP Code*

Primary Phone: ( ) \_\_\_\_\_

Email: \_\_\_\_\_

Relation to Applicant \_\_\_\_\_

### Volunteer Information

*Please fill out this section as completely as possible.*

**Volunteer Areas of Interest-** please check all areas you are interested in

Outreach

Fundraising

Office Assistant

Surgery Assistant

**Availability-** please fill out your general volunteer availability

How many hours per week would you like to volunteer?

\_\_\_\_\_

Please list the times that you are available to volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
A.M.							
P.M.							

**Volunteer Waiver**

I, \_\_\_\_\_, agree to serve as a member of the volunteer team at the discretion of SPAY ILLINOIS. I 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 to the media for advertising, programming, or promotional activities for SPAY ILLINOIS and understand that I will receive no compensation for giving this permission.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**For Office Use Only**

Date Received \_\_\_\_\_ Status  Approved  Denied: \_\_\_\_\_

Interview Date \_\_\_\_\_ Position \_\_\_\_\_

Emailed Handbook \_\_\_\_\_ Received Assessment & Waiver \_\_\_\_\_ Start Date \_\_\_\_\_