



Second Chance Canine Adoption Shelter

6660 E Seneca Turnpike, Jamesville, NY 13078

friendsofsecondchance@gmail.com

Volunteer Application

Please complete this form and return it by email or mail to the above address. After reviewing the information you provided, our volunteer coordinator will contact you regarding the orientation process that is required for all volunteers. Once you've completed the required orientations we will contact you regarding your availability and the volunteer activities for which you expressed an interest. Thank you for choosing to become part of our group!

Name: (First, Last) _____

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

Work Phone: _____ Home Phone: _____ Cell Phone: _____

Social Security Number: _____ DOB: _____

Drivers License Number: _____ State Issued: _____

Due to the nature of the shelter location and potential for interaction with inmates all volunteers must have/pass a background check before being approved to volunteer. VOLUNTEERS MUST BE AT LEAST 18 YEARS OLD.

Email: _____

(By providing your email address, you are giving us permission to add you to our Supporter and Volunteer email list. These lists are for SCS use only. We will never sell them or give to any other organization.)

Personal reference:

Reference 1

Name: _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone: _____ Email: _____

Reference 2

Name: _____ Relationship _____

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

Phone: _____ Email: _____

Past Experiences & Training:

Have you ever been bitten by a dog? _____

Did the bite require medical attention? _____

Are you comfortable approaching a dog you don't know? _____

Do you understand that dogs can be unpredictable and that Second Chance cannot guarantee that a dog may not become aggressive? _____ Yes/ _____ No

Are you willing to assume the risks involved with working with animals who are sometimes frightened and who are in unfamiliar surroundings and possibility that the dog may become aggressive and/or bite you? _____ Yes/ _____ No

Do you have any experience/training in any of the following dog related work?

_____ Breeding _____ Grooming _____ Kennel Assistant _____ Animal Rescue _____
_____ Training _____ Pet Store

Do you have any other skills/experiences that would help you in dog caretaking?

Please list dog clubs, rescue organizations, humane societies, shelters that you belong to or volunteer at, past and present, if any.

How did you hear about Second Chance Canine Adoption Shelter?

Why do you want to volunteer at Second Chance Canine Adoption Shelter?

Availability

Please check the days you are available to volunteer.

	Mon	Tues	Wed	Thu	Fri	Sat	Sun
<u>Morning:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Afternoon:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Evening:</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Second Chance has many volunteer opportunities. Please check the areas you are interested in.

- | | |
|--------------------------|---|
| _____ Cleaning kennels | _____ Assistant trainer |
| _____ Feeding | _____ Pictures and Bio's for adoptable dogs |
| _____ Grooming | _____ Newsletter |
| _____ Walking dogs | _____ Posters and Publications |
| _____ Answering phones | _____ Media Relations |
| _____ Running errands | _____ Fundraising |
| _____ Vet Transportation | _____ Adoptions, processing applications |
| _____ Front Desk Staff | _____ Other (please describe below) |

Emergency Contact: Name: _____

Phone: _____ **Relationship:** _____

Signature: _____

Date: _____