



## Second Chance Canine Adoption Shelter

6660 E Seneca Turnpike, Jamesville, NY 13078

[friendsofsecondchance@gmail.com](mailto: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 by you by email regarding the orientation process that is required for all volunteers.

Thank you for choosing to become part of our group!

Name: (First, Last) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

DOB: \_\_\_\_\_

**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)

You will be contacted by Email from our Volunteer Coordinator once your application is approved.

**Please check here if you do not agree to allow the Volunteer Coordinator to use your email in volunteer (group) emails \_\_\_\_\_**

**I give permission for Second Chance staff to call and or send me text messages \_\_\_\_\_**

#### Personal reference:

Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

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

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? Yes \_\_\_\_\_ No \_\_\_\_\_

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?

Professional Grooming \_\_\_\_\_ Kennel Assistant \_\_\_\_\_ Animal Rescue \_\_\_\_\_  
Professional Dog Training \_\_\_\_\_ Animal fostering \_\_\_\_\_ Volunteering \_\_\_\_\_  
Other (Please elaborate below)

---

---

How did you hear about Second Chance Canine Adoption Shelter?

---

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

---

Please identify which of these activities you might be interested in assisting with.

\_\_\_\_\_ Grooming (bathing/brushing)      Walking Dogs \_\_\_\_\_      Other \_\_\_\_\_  
\_\_\_\_\_ Adoption Events      Vet Transportation \_\_\_\_\_      Dog Outings \_\_\_\_\_  
\_\_\_\_\_ Fundraising      Graphic Design \_\_\_\_\_

**Emergency Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

**Signature** \_\_\_\_\_

**DATE** \_\_\_\_\_