



For SPCA use only:
Application Received: _____
Orientation Scheduled: _____
All Forms Completed: _____

SPCA THRIFT SHOP Volunteer Application and Agreement

Each interested volunteer must complete an application. Please fill out the entire application and sign. You will be contacted to attend a new volunteer orientation or meet with Shop Management for an interview.

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Best Phone #: _____ Email: _____

Emergency Contact Name: _____

Relationship to you: _____

Emergency Contact's Best Phone # _____

Are you 16 or older?
Y N

Are you available to volunteer at least 5 hours each month?
Y N

Please write in your availability for each day:

Sunday _____
Monday _____
Tuesday _____
Wednesday _____

Thursday _____
Friday _____
Saturday _____

Have you been convicted of a crime regarding animal cruelty or neglect?
Y N

Do you have any physical limitations that might limit your volunteer activities (bending, squatting, balancing, and walking unaided on various surfaces, standing, lifting 40 lbs or more)?
Y N If yes, please list:

Do you understand that volunteers are vital to the forward movement of the animal shelter and that we will depend on your attendance at assigned activities?
Y N

Are you willing to work alongside SPCA staff to ensure your volunteer work is of benefit to the organization?
Y N

I attest that the information presented to the SPCA on this volunteer application is true and accurate.

Applicant Signature

Date