



## Volunteer Application

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

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Birth date: \_\_\_\_\_

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

Are you at least 16 yrs of age?  Yes  No

### Emergency Contact:

Name \_\_\_\_\_

Phone \_\_\_\_\_

### Employment:

Are you currently employed?  Yes  No

If yes: \_\_\_\_\_  
Current employer                      Position                      Hrs/week

### Education:

Are you currently in school?  Yes  No

If yes: \_\_\_\_\_  
Name of school                      Grade or Year

Name of instructor/professor and his/her email:  
\_\_\_\_\_

### Military:

Branch of Service: \_\_\_\_\_

Commander's name and email: \_\_\_\_\_

### Areas of Interest:

What volunteer position(s) are you interested in?

Animal Care Team (Dog Squad, Purr Pal, or Barnyard Buddies).

Adoption Team (Matchmakers, Greeter, Web Photographers, Foster Care Providers).

Why are you interested in volunteering with the Peninsula SPCA (aside from your love of animals?) Please be creative and describe what you hope to contribute and what you hope to gain from your volunteer experience.

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What special skills do you bring to the SPCA? Please be specific.

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Please explain any volunteer experience you have had and/or experience with animals.

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Have you ever been convicted of animal cruelty or neglect?  Yes  No  
If yes, please explain.

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**Availability:**

What days/times are you available?

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Do you have any physical, medical, or psychological limitations that would affect your volunteer duties (such as heart condition, back injury, allergies, pregnancy)?

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Signature: \_\_\_\_\_

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

Thank you for completing the volunteer application. Our volunteer coordinator will review your application and contact you within 48 hours. Please make sure all contact information is current and legible.

**Peninsula SPCA does not accept court ordered community service requests at this time.**



## Release of Liability

I, \_\_\_\_\_, do recognize that in conjunction with the volunteer work at the Peninsula SPCA, I will be in contact with and may be allowed to hold and pet animals. I also understand that there is a chance that I could sustain a scratch or bite while handling the animals. I understand this is illustrative of the types of risks involved in participating with the Peninsula SPCA, but is not a complete list of possible risks.

By signing my name below, I do hereby absolutely and unconditionally release and discharge the Peninsula SPCA, including its employees, successors, assigns, directors, officers, and agents, from and against any and all claims, obligations and liabilities of every nature and kind whatsoever, relating to or arising out of my participation with the Peninsula SPCA Volunteer Program.

Also, by signing my name below, I understand that I am to complete 4 hours of volunteer work per month.

Volunteer Signature \_\_\_\_\_

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of parent or guardian if volunteer is under 18



INNOVATIVE ENTERPRISES, INC.

## Fair Credit Reporting Act Disclosure and Authorization Statement

Printed Name of Applicant: \_\_\_\_\_ \*

Maiden Name: (If applicable) \_\_\_\_\_ \*

Social Security Number: \_\_\_\_\_ \*Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ \*

Street Address: \_\_\_\_\_ \*

City: \_\_\_\_\_ \* State: \_\_\_\_\_ \* Zip Code: \_\_\_\_\_ \*

Drivers License Number and State: \_\_\_\_\_ \*

*Please read carefully before signing below.*

For the purpose of evaluating my application for full-time employment or temporary assignment, I understand Peninsula SPCA. may obtain or have prepared a consumer report or investigative consumer report concerning my prior employment, military record, education, character, general reputation, personal characteristics, criminal background record, driving record, or mode of living.

I understand that upon written request to Peninsula SPCA., I will be informed whether an investigative consumer report was requested, and given full information as to the nature and scope of this investigation (I understand that an investigative consumer report is a report in which information concerning my character, general reputation, personal characteristics, or mode of living is obtained through personal interviews with neighbors, friends or associates with whom I am acquainted.)

By signing below, I am authorizing Peninsula SPCA. to obtain a consumer or investigative consumer report on me as part of the screening process for employment or temporary assignment. During the period in which I retain employment or assignment, I further authorize Peninsula SPCA. to obtain additional consumer or investigative consumer reports on me to evaluate my trustworthiness and reliability for purposes of determining continued access authorization.

By signing below, I also acknowledge that Peninsula SPCA. will provide me with a summary of my rights under the federal Fair Credit Reporting Act if requested.

*This information on this form will be used solely for the purpose of identifying or eliminating possible records revealed during the background review and will not be used in any way in making an employment or assignment decision.*

Signature of Applicant: \_\_\_\_\_

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

Client References #

2706 Peninsula SPCA

Fax Number 1-888-777-9436

Statewide Criminal \_\_\_\_\_ County Criminal \_\_\_\_\_ Motor Vehicle Record \_\_\_\_\_ Social trace \_\_\_\_\_

Criminal Report (Where?)(1) \_\_\_\_\_ (2) \_\_\_\_\_ (3) \_\_\_\_\_

Reference Code for invoices \_\_\_\_\_ Multi-States Search \_\_\_\_\_