



Name _____
Address _____
Phone _____ Email _____ Birth date: _____

Are you at least 16 yrs of age? ____

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

Areas of Interest:

What volunteer position(s) are you interested in?

☺ Kennels (dog room, cat room)

☺ Web Photographer/Creative Writer (PETFINDER)

☺ Foster Care

Why are you interested in volunteering with the Peninsula SPCA (aside from your love of animals!)? _____

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

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

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

Availability:

What days/times are you available?

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

Signature _____ Date _____

Volunteer Requirements:

- * Must be at least 16 years of age.
- Must attend an orientation, fill out an application and background check and attend required trainings.
- Must retain confidentiality in the work of the shelter and dealings with the public.
- Must be able to commit at least 8 hours per month for a 6 month time period.
- Must pay a \$25 nonrefundable volunteer fee. This fee, payable by cash, Visa or MasterCard, will help offset the costs of your training, t-shirt, nametag and background check.

Our volunteers are very important to us, and we depend on them. For this reason, missed shifts are unacceptable- they burden everyone and hinder the care of our animals! If you cannot come in at your scheduled time, please call or email the volunteer coordinator as soon as possible. One missed shift with no call or no show will result in a warning. Two shifts missed with no call or no show will result in the termination of volunteer service at the shelter.

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 8 hours of volunteer work per month for a minimum of 6 months. One shift missed with no call/no show= warning. Two shifts missed with no call/ no show= termination of volunteer service at the Peninsula SPCA.

Volunteer Signature

Date

Signature of parent or guardian if volunteer is under 18

Volunteer Orientation

Date



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 State³ _____ *

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 _____