

Date: ___/___/___

Last Hope, Inc. Volunteer Application
Animal Rescue & Rehabilitation
P.O. Box 61, Syosset, NY 11791
631-425-1884 www.lasthopeanimalrescue.org

Name: _____ Home phone: _____ Cell phone: _____

Address: _____ City/State/Zip: _____

E-mail address: _____ Fax: home[] work[] _____

Mo/Day of Birth ___/___/___ If under 18, age _____ Single/married _____ Children? (their ages) _____

Employed? If so, list your employer information: Employer: _____

Address: _____ City/State/Zip: _____

Position/Title: _____ Work Hours & Days: _____

Work phone: _____ Are you allowed calls at work? Y [] N [] Emergencies only []

Are you attending school? If so, name of school: _____

What days of the week and hours can you volunteer? _____
(example: Monday 3-5, Saturday 10-12)

Could you work as an alternate filling temporary assignments (usually with short notice)? Y [] N []

Have you ever volunteered with Last Hope before? _____ When/where _____

Have you ever had or do you currently have a pet? Y [] N [] What type? _____

How did you hear about Last Hope? _____

Do you belong to any other humane groups? If so, please list them, indicate your position, how long you have been active and what you do (phone, fundraiser, etc) _____

Check the volunteer activities in which you would like to participate

- | | |
|--|--|
| <input type="checkbox"/> Socialize and show cats to the public at Last Hope Adoption Center
(includes some cage cleaning) | <input type="checkbox"/> Dog walking |
| <input type="checkbox"/> Foster cats, kittens or dogs in my home | <input type="checkbox"/> Assist at pet adoption days |
| <input type="checkbox"/> Feed and clean cat cages (mornings or evenings) at | <input type="checkbox"/> Show dogs being fostered |
| <input type="checkbox"/> Last Hope Adoption Center – 581 W. Jericho Take, Huntington | <input type="checkbox"/> Telephone work |
| <input type="checkbox"/> Petco – 565 Jericho Turnpike, Syosset | <input type="checkbox"/> Transporting cats to the vet or new homes |
| <input type="checkbox"/> Pet Supplies Plus – 411 Commack Rd, Deer Park | <input type="checkbox"/> Book keeping |
| <input type="checkbox"/> Pet Supplies Plus – 1960 Jericho Turnpike, E. Northport | <input type="checkbox"/> Create Posters |
| <input type="checkbox"/> PETS MART – Rt. 110, Huntington | <input type="checkbox"/> Fund Raising (Fairs, Flea markets, vaccination clinics) |

Is there any other volunteer work which you would like to do for Last Hope? _____

Do you have any medical/physical disabilities (bad back, allergies, etc.) Y [] N [] Please explain _____

References (name, phone number, relationship) _____

Person to contact in case of emergency (name, relationship, home phone number, work phone number) _____

When did you have your last tetanus shot? _____

As a volunteer for Last Hope, Inc., I understand that working with animals can be a risk. I agree to assume full responsibilities if an accident or property damage were to result, and that I release Last Hope, its officers and/or its agents from any liability or responsibility what-so-ever. I understand that if I have not had a tetanus shot within the last five (5) years, I will be responsible for having this shot done by my physician. If I am under 18 years of age, I must have a person or legal guardian read and sign my completed Volunteer Application before I can be considered.

X _____
Volunteer's Signature

X _____
Parent/Guardian's Signature (if under 18 years of age)