

Date: ___/___/___

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

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

_____ Cat Care: includes feeding, cleaning cages, socializing and showing cats to the public

_____ Last Hope Adoption Center – 581 W. Jericho Tpke, Huntington

_____ Petco – 565 Jericho Turnpike, Syosset

_____ Pet Supplies Plus – 411 Commack Rd, Deer Park

_____ Pet Supplies Plus – 1960 Jericho Turnpike, E. Northport

_____ PETS MART – Rt. 110, Huntington

_____ Dog Care (includes dog walking, cleaning cages, showing dogs to the public at Dog Adoption Center 642 Rte 109, Lindenhurst

_____ Assist at pet adoption days

_____ Telephone work

_____ Create Posters

_____ Fund Raising (Fairs, Flea Markets Vaccination clinics)

_____ Fostering cats, kittens or dogs in my home

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)