



P.O. Box 7025, Wantagh, NY 11793 - 631-425-1884

[www.lasthopeanimalrescue.org](http://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? Y  N  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, Inc., Huntington Center – 581 W. Jericho Tpk, Huntington
- Last Hope Inc., Wantagh Center (Beltagh Avenue)
- Petco – 565 Jericho Turnpike, Syosset
- Pet Supplies Plus – 411 Commack Rd, Deer Park
- Pet Supplies Plus – 1960 Jericho Turnpike, E. Northport
- Pet Supplies Plus – 5050 Sunrise Highway, Massapequa Park
- PetSmart – Rt. 110, Huntington

**Dog Care: includes dog walking, cleaning cages, showing dogs to the public at LAST HOPE, Inc, Wantagh Center (Beltagh Avenue)**

Select an activity below (can be more than one):

- Assist at pet adoption days
- Telephone work
- Create Posters
- Fund Raising (Fairs, Flea markets, vaccination clinic)

Is there any other volunteer work that 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. PLEASE NOTE: THAT ANYONE UNDER THE AGE OF 18 MUST BE ACCOMPANIED BY A PARENT/GUARDIAN WHILE PERFORMING THEIR VOLUNTEER ACTIVITIES.*

X \_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_ Date

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