

KENT COUNTY SPCA
VOLUNTEER APPLICATION
32 Shelter Circle, Camden, DE 19934
302-698-3006 & 302-698-2153/FAX

Name (First, Last) _____ Nickname _____
Address _____
City: _____ State: _____ Zip: _____
Home number: _____ Work: _____ Cell: _____
Employer/Occupation: _____
Age _____ required if under 18. Email: _____

I want to volunteer at the KCSPCA because:

Are you volunteering to fulfill court ordered or disciplinary action community service time? _____ Please be advised that all community service volunteers must be approved by the volunteer coordinator.

Any animal experience and animals owned:

List any previous volunteer experience:

Please note any physical limitation (allergies, medications etc.)

The KCSPCA is open Monday through Saturday 10:30 to 6 PM. And Sunday 10:30 to 4
Times you are available: _____

We also do evening events and fundraisers: Please indicate if you would be willing to assist with those YES or NO

Any special skills or hobbies which might be utilized in the shelter (i.e. speak a foreign language, carpentry skills, computer skills, etc):

PLEASE READ AND SIGN THE SECOND PAGE

VOLUNTEER OPPORTUNITIES

We have many different ways to volunteer at the shelter and at other places. If you don't wish to be hands on with the animals there are still plenty of ways to volunteer. Please circle any you might be interested in and feel free to suggest any ideas.

CANINE COMPANIONS: walking, playing, grooming, socializing, cleaning

FELINE FRIENDS: socializing, brushing, cleaning cages

NON-ANIMAL HANDLING:

Vaccine clinic certificate writers

Flyer distribution

Education assistants (school programs)

Special events/fundraisers

Greet/shelter guide

Publicity

We are in serious need of foster homes. Supplies, medicines and vet care are provided

Consent Release

I, the undersigned, understand that my participation in the listed volunteer opportunities is strictly on a volunteer basis. Therefore, no insurance against bodily harm is provided for me. I agree to release the KCSPCA, a nonprofit organization, from any and all damages incurred during my participation as a volunteer in any program.

Signature Date

Consent Release for Minor (under 18 years of age)

I, (parent/guardian) _____ do, hereby give my full consent for my minor son/daughter _____ to volunteer at the Kent County Society for the Prevention of Cruelty to Animals, Camden, DE 19934

Parent/Guardian Signature Date



Personal Identification and Information

Full Legal Name: _____

Social Security Number: _____ Date of Birth: _____

Driver's License Number and State: _____

Emergency Contact Person/Relationship/Phone; _____