

SPCA VOLUNTEER INFORMATION

Thankyou for your interest in our organization. Please fill out the form below as accurately as possible and give it to one of our staff. We will then contact you if you are eligible.

NAME

ADDRESS

PHONE

CELLPHONE

EMAIL

DATE OF BIRTH

VALID DRIVERS LICENSE

YES

NO

ROSTERED HOURS AVAILABLE

DAYS/HOURS AVAILABLE

The duties I prefer are:

CATS

DOGS

RECEPTION

ANY

I have experience handling dogs:

YES

NO

I am willing to help with other activities eg raffles, shop:

YES

NO

I give my permission for the SPCA to conduct a police background check:

YES

NO

NOTES: (SPCA USE ONLY)

VOLUNTEER DETAILS

We need to know a little bit about you.

HOBBIES

SKILLS

ALLERGIES

CONTACT PERSON/NEXT OF KIN (in case of emergency)

NAME

PHONE

CELLPHONE

ADDRESS

VOLUNTEER OBLIGATIONS

As a staff member you are required to be punctual for work, discrete with information and respectful of other workers. I HAVE READ AND UNDERSTAND THESE OBLIGATIONS:

SIGNATURE _____

DATE _____