

SBCAS Application to Volunteer

Thank you for your interest in the SBCAS volunteer program. Our mission is to offer a safe haven and humane treatment for the many unwanted, homeless and previously abused animals that are housed at SPCA-BC Shelters. The organization also promotes and supports responsible pet ownership and the spaying and neutering of domestic animals to decrease the ever-increasing pet overpopulation problem. We are always looking for volunteers to help us further this mission. However we ask that all volunteers are at least 16 years of age. Children less than 16 must be accompanied by a parent or guardian at a ratio of one adult to two children. If you have any questions, please do not hesitate to call the Volunteer Services office at 979-285-2340, ext 104. Thank you so much for considering our organization to volunteer your time at.

Name _____ Age _____ Telephone _____

Address _____

Email _____

On a scale of 1 to 10, please indicate your area of interest at this time.

10 = most interested

1 = least interested

____ Admitting

____ Adoption Follow-up

____ Direct Animal Care

____ Foster Care

____ Puppies

____ Front Desk

____ Dogs

____ Lobby Greeter

____ Cats

____ Grooming

____ Kittens

____ Donation Receptacles

____ Other _____

____ Mobile Adoptions and Special Events

____ Driver

1. If any, what foreign language do you speak? _____
 2. Do you have any experience as a volunteer? If yes, with what organization? If you are no longer participating as a volunteer, why did you leave? _____

 3. Are you a current contributor to the SBCAS, SPCA-BC or any other animal protection organization? _____
 4. Volunteering at the SBCAS is not only animal related; it also involves constant contact with the general public. How do you feel about interacting with all types of people? _____

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Because the SBCAS has an open admission policy (accepts all animals) and because some pet owners continue to allow their animals to run loose without spaying or neutering them, there are occasions when an animal will have to be euthanized due to lack of space. This fact is a driving force behind all our efforts to continue to educate and to increase our adoption rate. Can you work in this environment? (Volunteers are never asked to participate in this procedure.) _____

1. Please note any special skills or interests which you would like to share with the SBCAS as a volunteer. _____
2. Do you have any physical, medical, or psychological limitations, disabilities, or allergies?

3. Are you related to anyone currently employed at the SBCAS? _____
4. How did you hear about the SBCAS volunteer program? _____
5. In case of emergency, who should we contact?

Name: _____ Phone #: _____

AVAILABILITY

Please indicate days and times you will be available to volunteer. Keep in mind that our busiest times are late afternoons and Saturdays.

Tuesday _____
Wednesday _____
Thursday _____
Friday _____
Saturday _____
Sunday _____
Monday _____

Please complete this form if you are less than 16 years old

Becoming a volunteer at the SBCAS involves a great deal more than just a love for animals. Although, that's a good place to begin it also requires dedication, commitment, initiative, hard work and patience.

Child's Name _____ Age: _____

Parent/Guardian Name _____

Parent's/Guardian's Place of Employment _____

Parent's/Guardian's Work Phone _____

Are you interested in a career in animal welfare or veterinary medicine? _____

Are you applying to volunteer for a school or class project? _____

Please attach a letter of recommendation from either a current teacher, principal, school counselor, minister, or scout leader.

Information for Parents

Please instill in your children that this is an opportunity for them to learn as much as possible about the care and protection of animals while making new friends, both two and four-legged. Additionally the SBCAS is a place of business and we expect all of our volunteers to act in a responsible manner. Should there be any problems which are not corrected your child will be removed from the program at the sole discretion of the Director.

Signature of Parent or Guardian _____

APPLICATION CHECKLIST

- Completed Application
- Letter of recommendation from teacher or principal
- Parent signature on forms.