



# Volunteer Application



ADULT  
Enid SPCA

(Please Print Clearly)

Name: \_\_\_\_\_ Phone(H) \_\_\_\_\_ (W) \_\_\_\_\_ (cell) \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Emergency Contact Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Volunteer hours are Tuesday through Friday 9:00 to 5:00 and Saturday 11:00 to 3:00

I'm available on \_\_\_ Weekdays \_\_\_ Saturday \_\_\_ Both I would like to work with: \_\_\_ Dogs \_\_\_ Cats \_\_\_ Both

Check all areas that would be of interest to you

\_\_\_ Walking Dogs

\_\_\_ Receptionist/Greeter

\_\_\_ Cleaning Cats

\_\_\_ Cleaning Dogs

\_\_\_ Socializing Dogs

\_\_\_ Socializing Cats

Please list any skills you possess that you think would be of benefit to the SPCA \_\_\_\_\_

Please read the following liability release carefully and sign below.....

I \_\_\_\_\_ understand that when working with animals there is always a risk. I agree to release from liability, medical or otherwise, the Enid SPCA, all members, officers, veterinarians, staff and any other person associated with the Enid SPCA, should I suffer any physical injury, illness or other condition during the course of my volunteer duties. I agree not to perform any activities that I feel may jeopardize my own health or cause me injury. I understand that should an injury occur while volunteering I am liable for any and all medical cost that may be incurred.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

Staff-  
Notes: \_\_\_\_\_  
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