

FRIENDS OF THE NORTHUMBERLAND COUNTY ANIMAL SHELTER

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST \_\_\_\_\_ ZIP \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

May we contact you via text? \_\_\_\_\_ Preferred email address: \_\_\_\_\_

Emergency Contact Name and Phone: \_\_\_\_\_

Please check the days and hours you are available to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday Sunday
AM PM AM PM AM PM AM PM AM PM AM PM AM PM

Please check ALL items that match your volunteering preferences

- ANIMAL SHELTER DOGS CATS BOTH DOGS AND CATS
FOSTER DOG WALK DOGS BATHE/GROOM TRAIN DOGS SOCIALIZE DOGS
FOSTER CAT SOCIALIZE CATS CLEAN CAT ROOM PARTICIPATE IN ADOPTION EVENTS GENERAL CLEANING
TRANSPORT ANIMAL PHOTOGRAPHY LAUNDRY STOCKING
THRIFT SHOP
CATEGORIZE & SORT DONATIONS PUT OUT PRICED DONATIONS CLEAN THE SHOP
LIFT/MOVE DONATED ITEMS STAFFING DURING OPEN HOURS (TUES 9-1; FRI 10-4; SAT 9-1)

GENERAL SKILLS /INTERESTS

- WRITE/EDIT WEB DEVELOPMENT MANAGEMENT MAINTENANCE SOCIAL MEDIA
ADMINISTRATIVE/CLERICAL FUNCTIONS GRAPHIC DESIGN FUNDRAISE COMMUNITY OUTREACH
PARTNERSHIP MANAGEMENT MAINTAIN RESCUE SITE POSTINGS (E.G.: PET FINDER; RESCUE ME, ETC)

OTHER \_\_\_\_\_

What 2-3 work skills have you developed that would benefit in the duties you've indicated you would like to volunteer to do? \_\_\_\_\_

How did you learn about FNCAS? \_\_\_\_\_

Please read and sign below that you understand and agree to the following statements:

- 1. If accepted as a volunteer, I understand there are policies and procedures that must be followed. I agree to abide by all policies and procedures even if my opinion may differ. I understand that failure to do so may result in termination of my volunteer status.
2. I certify that the information I have given herein is true and complete.

Actual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_

**NORTHUMBERLAND COUNTY ANIMAL SHELTER (NCAS)  
FOSTER/VOLUNTEER ANIMAL CARE AGREEMENT**

Full name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_

Please check which applies to you:     FOSTER     VOLUNTEER

**Please read, circle and initial the correct answer to the following questions:**

Have you or anyone in your household ever been **suspected** of cruelty, neglect or abandonment of an animal?

YES     NO

Initials: \_\_\_\_\_

Have you or anyone in your household ever been **charged** with cruelty, neglect or abandonment of an animal?

YES     NO

Initials: \_\_\_\_\_

Have you or anyone in your household ever been **convicted** of cruelty, neglect or abandonment of an animal?

YES     NO

Initials: \_\_\_\_\_

**Please carefully read each statement and initial to indicate that you understand and agree to comply with that statement.**

By becoming a foster, volunteer or an employee at Northumberland County Animal Shelter, I understand I become a Custodian of Care of each and every animal I work with whether it be directly or indirectly. As Custodian of Care I agree to follow the rules and regulations in place at NCAS. I understand that I could be asked to not return as a foster, volunteer or employee if I do not follow these rules and regulations.

Initials: \_\_\_\_\_

As Custodian of Care I will ensure that the animals receive appropriate and adequate food, water, shelter, exercise and care.

Initials: \_\_\_\_\_

I will protect the animals at NCAS from harm, escape and theft.

Initials: \_\_\_\_\_

I agree to report any and all witnessed or suspected cruelty, neglect or abuse within the facility to the proper authorities immediately.

Initials: \_\_\_\_\_

I agree to notify NCAS authorities immediately of any changes to any of the above initialed statements.

Initials: \_\_\_\_\_

By signing this document, I swear I have answered all questions honestly; and the information provided by me is the truth. I also agree to comply with all of the above.

Actual Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

Print name: \_\_\_\_\_



