

**FRIENDS OF THE NORTHUMBERLAND COUNTY ANIMAL SHELTER (FNCAS)
VOLUNTEER APPLICATION**

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: _____

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

DOG WALKING BATHING/GROOMING TRAINING SOCIALIZING DOGS FOSTER

SHOWING ANIMALS FOR ADOPTION PARTICIPATING IN ADOPTION EVENTS GENERAL CLEANING

ANIMAL PHOTOGRAPHY CLEANING CAT ROOM SOCIALIZING CATS LAUNDRY STOCKING

TRANSPORTATION TO: VET RESCUE LEAGUE ADOPTION EVENTS

THRIFT SHOP

CATEGORIZING & SORTING DONATIONS PUTTING OUT PRICED DONATIONS CLEANING SHOP

LIFTING/MOVING DONATED ITEMS STAFFING DURING OPEN HOURS (TUES 9-1; FRI 10-4; 2ND & 4TH SAT 9-1)

GENERAL SKILLS /INTERESTS

WRITING/EDITING WEB DEVELOPMENT / MANAGEMENT / MAINTENANCE SOCIAL MEDIA

ADMINISTRATIVE/CLERICAL FUNCTIONS GRAPHIC DESIGN FUNDRAISING COMMUNITY OUTREACH

PARTNERSHIP MANAGEMENT MAINTAINING RESCUE SITE POSTINGS (E.G.: PET FINDER; RESCUE ME, ETC)

OTHER _____

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 that 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 with the Friends of the Northumberland County Animal Shelter and Thrift Shop.

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: _____



