



First State Animal Center & SPCA

Volunteer Program

Thank you for your interest in volunteer opportunities at
The First State Animal Center & SPCA.

Please fill out this volunteer application completely and submit it to the front desk. Keep this page for your records. After your application has been reviewed, you will be contacted with the next training date if your skills meet our needs. Please understand that all applications will be considered, but not all applications will be accepted.

For Youth volunteers:

Under the age of 18, a parent or guardian must sign consent for minor release.

Under the age of 16, a parent or guardian must volunteer with you and fill out all required paperwork for themselves as well as their child.

Under the age of 14, we are currently not accepting any volunteers under this age. Any youth wishing to volunteer who do not meet age requirements are advised to consider a donation drive or project that will benefit our animals.

Court Appointed:

For community service volunteers, a volunteer application needs to be filled out and submitted detailing your court issued community service charges. In addition, a copy of Court issued paperwork **must** accompany the volunteer application. Failure to follow this procedure will delay your process.

Mission Statement

The mission of the First State Animal Center and SPCA is twofold:

WE PROTECT ANIMALS FROM PEOPLE...

by prevention of cruelty and suffering, rescue of the trapped or injured, emergency medical treatment, temporary housing for homeless animals and the reduction of homeless pet overpopulation through targeted spay/neuter and education programs.

AND WE PROTECT PEOPLE FROM ANIMALS...

through our serious commitment in placing only stable, safe and well-adjusted animals into homes where they will thrive while simultaneously educating the public about responsible pet guardianship.

FSAC-SPCA VOLUNTEER APPLICATION

Date applied: _____

Name _____

Address _____

City: _____ State: _____ Zip: _____

Home number: _____ Cell: _____

Employer/Occupation: _____

*Are you at least 18 years of age? If not, what is your age? _____

All volunteers under 16 MUST have a parent fill out an application as well.

Email: (primary method of contact) _____

I want to volunteer at the FSPCA because:

Are you volunteering to fulfill court ordered or disciplinary action community service time?

YES _____ NO _____

Community service volunteers must provide a copy of legal paperwork

Please list any animal related experience:

Please list any job duties you cannot perform because of physical, mental or medical disabilities:

Have you ever been convicted of a felony or misdemeanor and/or have charges pending for such?

YES _____ NO _____

DETAILS: _____

VOLUNTEER OPPORTUNITIES

Please indicate any areas you might be interested in assisting us with.

CAMDEN ADOPTION CENTER: dog walker, dog caretaker, adoption assistant
cat cuddler, cat caretaker, adoption assistant
barn animals: horses, pigs, chickens, goats, etc

PETSMART ADOPTION CENTER: dog walker, cat cuddler, adoptions, customer service

FOSTER CAREGIVER: Medical care, flea treatment and food are provided.
(separate application necessary)

NON-ANIMAL HANDLING:	Are you available during daytime hours?	yes	no
Vaccination Clinics	Community Events	Friend of the SPCA	
Baking/ Sewing Club	Education Assistant	Pet Therapy Aid	
Fundraising Events	Administrative Support		

Consent Release

I, the undersigned, understand that my participation in the listed volunteer opportunities is strictly on a volunteer basis. Therefore, no insurance against bodily harm is provided for me. I agree to release the FSAC-SPCA, a nonprofit organization, from any and all damages incurred during my participation as a volunteer in any program.

Signature Date

Consent Release for Minor (under 18 years of age)

I, (parent/guardian) _____ do, hereby give my full consent for my minor
child _____ to volunteer at the First State Animal Center & SPCA,
Camden, DE 19934.

Parent/Guardian Signature Date

Personal Identification and Information

Full Legal Name: _____

Driver's License Number and State: _____

Emergency Contact Person/Relationship/Phone: _____