



ADULT VOLUNTEER APPLICATION

Welcome to the Bermuda SPCA Volunteer Program. Adult volunteers are over the age of 18yrs. All volunteers are required to complete a volunteer application and attend a volunteer training session

Please PRINT neatly.

First Name: _____ Last Name: _____

Date of Birth: _____ / _____ / _____
day month year

Last Tetanus Shot: _____ / _____ / _____
day month year

Mailing Address: _____

Parish: _____ Post Code: _____

Phone (home): _____ (cell): _____ (work): _____

Volunteer's email: _____

Do you have any special needs to consider? _____

Why do you want to volunteer at the SPCA? _____

Do you own pets? YES NO If yes, please list: _____

Describe your experience working with animals: _____

Please let us know what day of the week and times you are available to volunteer: Circle all that apply.

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

*Please note: AM is ideally 9am - 12pm and PM is ideally 1pm - 4pm

Please check the areas that you are especially interested in volunteering for:

Dogs

- Cleaning kennels
- Grooming
- Walking/Socializing
- Foster Parent

Small Animals

- Cleaning
- Grooming
- Socializing

Cats

- Cleaning Runs
- Grooming
- Socializing
- Foster Parent

Special Events

- Fundraisers
- Tag days

A volunteer handbook will be provided to volunteers assisting Animal Care Staff in the Shelter and additional training may be required.

The Bermuda SPCA (Society for the Prevention of Cruelty to Animals) Release Form

I _____ of (parish) _____, Bermuda hereby agree to accept a position as a volunteer worker for the Bermuda Society for the Prevention of Cruelty to Animals (SPCA), and in so doing, I agree to comply with all of the rules and regulations as attached which have been explained to me fully and which I understand. I understand that failure to do so may result in immediate termination as a volunteer.

I recognize that in handling animals and performing other volunteer tasks, a risk exists of injury, including physical harm, caused by the foregoing. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless the SPCA, its agents, servants, and employees from any and all claims, causes of action (including any claim or cause of action based on negligence), or demands, of any nature or cause, including (without prejudice to the generality of the foregoing) costs and attorney's fees incurred in connection with the same, based on damages or injuries which may be incurred or sustained by him/her in any way connected with his/her services for the SPCA, including but not limited to, animal bites, accidents, or injuries.

Date

Signature