



SPCA OF TENNESSEE

PO Box 1014
Brentwood, Tennessee 37024-1014
(615) 354-3531
spcaoftn@gmail.com
SPCATN.ORG

Volunteer Application

Please answer all questions truthfully and to the best of your knowledge. If information is received at any time from any source that proves false information was provided, even after approval is given by our SPCA representative, we have the right to terminate your volunteer rights. Any actions/conduct we deem as inappropriate will result in immediate termination of your volunteer rights and will be at the discretion of the TN SPCA President.

Date _____

Name _____

EMAIL _____

Address _____

Home Phone _____ Work Phone _____

Cell Phone _____

How long have you lived at the address you listed? _____

Are you over 18? _____ Teen Volunteer 16-18? _____

Have you ever been convicted in any state for any felony related to any type of animal species? _____ If so, please explain: _____

—

—

What experience or skills do you have that you can share with the TNSPCA?

___ Public Speaking ___ Writing ___ Animal Training

___ Special Events ___ Data Entry ___ Fund Raising

What type of work would you be interested in doing with the TNSPCA?

___ Animal Grooming ___ Dog Socializing ___ Cat Socializing
___ Dog Behavioral Training ___ Cattery Assistant
___ Dog Kennel Assistant ___ Fund Raising & Special Events

How would you like your volunteer experience to benefit you?

___ Work experience ___ Use of talents and abilities ___ To work with animals
___ Increase knowledge of animals ___ Meet new people ___ Community Support ___
Personal satisfaction ___ Other

How many days ___ and/or hours ___ per week would you be willing to volunteer?

___ Day ___ Evenings ___ Weekends

Previous volunteer workplace _____

Reference Name _____ How can we contact them?

_____ Relationship to reference _____

In case of emergency, notify: _____

Is there any additional information you wish for Tennessee SPCA to know? _____

—

RELEASE: I release the Tennessee SPCA from any responsibility or liability due to injury while working as a TNSPCA Volunteer.

_____ Date _____

APPROVAL:

_____ Date

SPCA Representative