

***Make a Difference in the life of an unwanted animal, your community and your life by becoming a  
Friends of Screven County Animals (FoSCA) Volunteer  
Application Form*** (Please print)

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Physical Address (if different): \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

E-mail Address (we will communicate with you primarily through e-mail) \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Occupation: \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

How did you hear about FoSCA: \_\_\_\_\_

If you will be volunteering with children less than 16 years old please fill out the information below.

Child's Name:

Your relationship to child:

_____	_____
_____	_____
_____	_____
_____	_____

*Please provide the name and phone number of the person we should contact in case of an emergency:*

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

*Reference other than a family member:*

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Numbers: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

**Which days of the week and shifts can you volunteer?** Shifts are AM and PM. AM shifts need to be at the shelter before 9:00 AM and PM shifts should start no later than 7:00 PM. Thursday through Saturday we have AM, PM and an Adoption Shift from 10:00 AM until 3:00 PM. Please fill our AM or PM shift per day and adoption shift hours you would like.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							
Adoption 10:00-3:00							

List any special skills that you feel would be helpful:

Please describe your experience with animals:

Please describe any previous volunteer experience:

Do you have any limitations that could affect your ability to perform certain tasks?  Yes  No  
If yes, please describe:

Assignment of tasks is at the discretion of the Shelter Coordinator and is based on current needs. We will try our best to assign you to activities that you are most interested in.

I have accurately and truthfully completed this Volunteer Application and Agreement.  
Your signature is also needed on the Volunteer's Release from Liability Form (which is attached to this form).

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if applicant is under 18 years of age)

\_\_\_\_\_  
Date

\_\_\_\_\_  
FoSCA Representative

\_\_\_\_\_  
Date