Animal Alliance of Greater Syracuse VOLUNTEER APPLICATION



Animal Alliance of Greater Syracuse (AAGS) is a nonprofit animal welfare advocacy organization whose mission is to make Central New York a safer and more humane home for animals and the people who care for them. If this is your mission too, and you are 18 or older, please join us by becoming a volunteer! Please note that completion of this application does not ensure placement.

Volunteer Profile (Please print) Are you 18 or older? Yes__ No__ Street Address: _____ Home telephone: (____)____ City, State, Zip: _____ Daytime telephone: (____)____ Cell phone: (____)_____ *By providing your email address you are giving us permission to add you to our Supporter and Volunteer email lists. These lists are for AAGS' use ONLY. We will never sell or give them to any third party. How did you learn of the AAGS volunteer program? ______ Why do you want to volunteer with AAGS? _____ Have you ever done any other volunteer work? Yes___ No___ Where?_____ When?_____ Type of work: _____ What experience do you have working with animals? Please tell us about any special skills and/or qualifications you may have. These may be from your jobs. other volunteer work, hobbies, sports, etc. Do you have a valid Driver's License? Yes___ No___ Do you have any allergies or conditions that might affect your volunteer experience? Yes___ No___ If so, please explain: Have you ever been convicted of a crime? Yes___ No___ If yes, please explain:

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Volunteer Application (cont'd)		
Areas of Interest: Please check	all that apply.	
Political Action Con Keeping Faith Fun Marketing Med	unteer Committee (nmunity Outreach (draising (Public Education Cleaning Kennels Office Administration Client Transportation Social Media
Availability: Please indicate when you are most likely to be available. There is no specific time requirement for volunteering but we do expect volunteers to honor their commitments.		
Monday Tuesday Wednesday Thursday Friday Weekends		unities without regard to race, color, religion,
any false statements, omissions, immediate dismissal. * I understand that the completi * I agree to attend a Volunteer O * I understand that certain volunteer O	or other representations non of this application does rientation. Inteer placements may requioned the mission and value	. I understand that if I am accepted as a volunteer, made by me on this application may result in my not guarantee placement as a volunteer. The additional training. It is of AAGS in the performance of volunteer duties
Signature:		Date:
To return this completed application you may:		

- * Email it to: Volunteer4AAGS@gmail.com
- * Mail it to us at AAGS, PO Box 94, Liverpool, NY, 13088.

For more information, please email: <u>volunteer4aags@gmail.com</u> or visit <u>www.animalallinaceofgreatersyracuse.org</u>.

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