

Animal Alliance of Greater Syracuse

PO Box 94, Liverpool, NY 13088 aags@twcny.rr.com
www.animalallianceofgreatersyracuse.org

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.)

Name: _____ Are you 18 or older? Yes___ No___
Street Address: _____ Email*: _____
City, State, Zip: _____ Home telephone: () _____
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: _____

References:

Name: _____ Home telephone: () _____
Street Address: _____ Cell phone number: () _____
City, State, Zip: _____ Email: _____
Relationship to you: _____

Name: _____ Home telephone: () _____
Street Address: _____ Cell phone number: () _____
City, State, Zip: _____ Email: _____
Relationship to you: _____

Volunteer Application (cont'd)

In case of emergency whom should we notify?

Name: _____ Home telephone: (____) _____
Street Address: _____ Cell phone number: (____) _____
City, State, Zip: _____ Email: _____
Relationship to you: _____

Areas of Interest: Please check all that apply.

<input type="checkbox"/> Clinic	<input type="checkbox"/> Events	<input type="checkbox"/> Public Education
<input type="checkbox"/> Leg Up	<input type="checkbox"/> Volunteer Committee	<input type="checkbox"/> Cleaning Kennels
<input type="checkbox"/> Political Action	<input type="checkbox"/> Community Outreach	<input type="checkbox"/> Office Administration
<input type="checkbox"/> Keeping Faith	<input type="checkbox"/> Fundraising	<input type="checkbox"/> Client Transportation
<input type="checkbox"/> Marketing	<input type="checkbox"/> Media Relations	<input type="checkbox"/> Social Media
<input type="checkbox"/> Newsletter	<input type="checkbox"/> Other _____	

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.

	Morning	Afternoon	Evening
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Weekends	_____	_____	_____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

By submitting this application:

- * I affirm that the facts set forth in it are true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other representations made by me on this application may result in my immediate dismissal.
- * I understand that the completion of this application does not guarantee placement as a volunteer.
- * I agree to attend a Volunteer Orientation.
- * I understand that certain volunteer placements may require additional training.
- * I understand that failure to uphold the mission and values of AAGS in the performance of volunteer duties can result in my immediate dismissal.

Name (Please print): _____

Signature: _____ Date: _____

To return this completed application you may:

- * Mail it to us at AAGS, PO Box 94, Liverpool, NY, 13088.
- * Bring it to the next Volunteer Orientation.

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

For AAGS Use Only: Dates Application was: Received _____ Reviewed _____ Initials _____
Dates References were Checked _____ Initials _____ Application Approved _____ Initials _____