



Please Note: Volunteers must be at least 18 years of age.

APF Volunteer Application

Date _____

PLEASE TELL US ABOUT YOURSELF *(please be neat in completing this form)*

Name _____ Home Telephone _____

Home Address _____ Daytime Phone _____

_____ Cell Phone _____

City/State/Zip _____ Birthday (year optional) _____

Employer _____ Title/position _____

E-mail Address (indicate work or home) _____

Please indicate the best time and number for contacting you _____

In case of emergency (name, phone, relationship) _____

YOUR PETS

Do you have any pets? Number of Cats _____ Number of Dogs _____ Other _____

Are they spayed or neutered? Yes No Are they current on their vaccinations? Yes No

Have you ever adopted a pet from the APF? Yes No

VOLUNTEERING WITH THE APF

List present and previous volunteer jobs (including those at the APF): _____

Are you volunteering to fulfill a court ordered or disciplinary action community service? Yes No

Areas of volunteer interest (check all that apply):

Fundraising Grant Writing Computers Other Interests *(please specify)*:

Special Events Facility Maintenance Videotaping/Photography _____

Info Tables Cleaning APF Mascots _____

Humane Education Office/Clerical _____

When are you available to volunteer? Daily Weekly Monthly Occasionally *(once or twice a year)*

Do you have any limitations that could impair your ability to function as a volunteer with the APF? Yes No

If yes, please describe: _____

Do you have a valid driver's license? Yes No License number: _____

Have you ever been convicted of a criminal offense, including misdemeanors and/or felonies, other than parking violations?

Yes No If yes, please describe: _____

Please give us the names of two references (personal or professional):

1. Name: _____ Phone: _____

Address: _____

2. Name: _____ Phone: _____

Address: _____

What specialized skills or abilities do you have that might benefit the APF?

Examples include carpentry, photography, landscaping, grant writing, presentation or computer skills to name a few

Signature: _____ Date: _____

Your volunteer application will receive full evaluation and you will be considered along with other applicants for any vacant volunteer positions for which you may qualify.

Please return form to: APF, 53 Maple Ave., Scotia, NY 12302
Thank you for your interest in the APF. You will be contacted shortly.