



**North Fork
Animal Welfare League
nfawl.org**

Volunteer Application

You can save yourself a bit of time and us a bit of money by printing this application and filling it out at home.

You can then mail it in, fax it in, or bring it with you when you come to visit the animals at the shelter.

North Fork Animal Welfare League, Inc.

mailing address:

**PO Box 297,
Southold, NY 11971**

Phone: **631.765.1811**

Fax: **631.765.2203**

E-mail: **adopt1@nfawl.org**

Office hours: **8:00 to 4:00 Monday - Saturday**

Volunteer Application

PROFILE

FIRST NAME:

LAST NAME:

AGE:

EMAIL:

HOME PHONE #:

WORK PHONE#:

HOME ADDRESS:

TOWN:

STATE:

ZIP:

Do you have a driver's license?

Do you have access to a vehicle?

Do you have any allergies, physical, or psychological conditions

which might affect your volunteer work?

If yes, please describe:

Have you adopted from the NFAWL?

Are you a member of any other animal organization?

How do you participate?

Are you acquainted with a NFAWL employee or volunteer?

Name:

Relationship:

Are you currently covered by health and/or accident insurance?

Please list two personal or business references:

Name:

Relationship:

Address:

Phone:#

Name:

Relationship:

Address:

Phone:#

In case of emergency, please notify:

Name:

Relationship:

Address:

Phone:#

SKILLS AND EXPERIENCE

Education (Please Check):

High School College Post-Graduate

Currently a student at:

Have you had any formal education in pet care or animal welfare?

If yes, where:

When:

Type of training:

SKILLS

(Please check all that apply)

PLACEMENT

(Please check the programs you believe could best use your skills)

Office/Administration:

Adoption follow-up:

Writing/Editing :

Humane Education:

Public Speaking:

Fund Raising:

Photography:

Publicity/Outreach:

Public Relations:

Photography:

Art/Design:

Publications:

Fund Raising:

Shelter Hosting:

Computers :

Web Site:

Education:

Dog Walking:

Typing:

Cat Cuddling:

Landscaping:

Grounds:

Please include any additional information about your skills and experience, which may assist us in placing you:

AVAILABILITY

When are you available to begin orientation and volunteering?

How many hours can you volunteer per week?

Please check the day's times you are available

Day/time	Morning	Afternoon	Evening
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Why do you wish to volunteer at the NFAWL?

Do you have any questions or comments about the philosophy of the NFAWL?

Do you have any specific animal welfare interests?

What are your thoughts about spaying and neutering animals?

What are your thoughts about euthanasia?

Do you work for or belong to any committees of the Town of Southold?

Volunteer Agreement

As a North Fork Animal Welfare League Volunteer you will be required to abide by the terms of a volunteer agreement. The Agreement below details what the NFAWL will expect of you and what you can expect from the NFAWL.

If accepted as a NFAWL Volunteer, my signature below indicates that I have read, and understand and agree to the following:

1. I will abide by all NFAWL policies and procedures.
2. I agree to be supervised by the Executive Director, the Kennel Manager, and/or whomever they designate. I will report directly to the Executive Director, or the Kennel Manager in the Executive Director's absence, with any problems that arise.
3. I agree that my first three months will be a probationary period in which my work will be supervised and evaluated.
4. If I fail to abide by the terms of this agreement or am otherwise unable to meet program requirements, I will be terminated from the program.
5. I agree to indemnify and hold harmless the Town of Southold, the NFAWL, its Board of Directors, Officers, agents and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by the Town of Southold, the NFAWL, its Board of Directors, Officers, agents and employees.
6. I understand that I may at any time, with or without cause, be removed from my position as volunteer at the sole discretion of the NFAWL.
7. I understand that in order to handle dogs, including walking, I will be required to successfully complete a six hour training course.

Signature: _____

Date: _____

Thank you for your interest in the volunteering with the NFAWL.

You are helping to create a more humane world.
