

CHESTER COUNTY S.P.C.A. VOLUNTEER APPLICATION

1212 Phoenixville Pike, West Chester, PA 19380

Phone: (610) 692-6113, ext. 219

Fax: (610) 436-4630

Date _____

Name _____

Address _____

City, State Zip _____

Email Address _____

Date of Birth _____ Current Employer/School _____

Home Phone _____

Work Phone _____

Have any pets or CCSPCA graduates? _____

For these positions, the volunteer must be 18 or older, maintain current health insurance coverage, and in some cases provide proof of a valid driver's license.

___ Fur Star**** Volunteer Program

Areas of interest:

___ Dogs

___ Cats

___ Photography

___ Foster Care

For these positions, the volunteer must be 16 or older and maintain current health insurance coverage.

___ Dog Banks

___ Shelter/Front Office/Administrative Support

___ Fundraising/Special Events

For the JUNIOR Volunteer Corp, the volunteer must be ages 10-15.

___ JUNIOR Fur Star**** Volunteer Corp

How did you learn about volunteering at the S.P.C.A.? _____

Are you covered by health insurance? yes no

Do you have both a valid driver's license and automobile insurance? yes no

If not, do you have reliable transportation for any volunteer jobs that may require it? Yes no

Do you have any physical limitations, including pet allergies, which preclude you from performing any work for which you are being considered? Yes No

If yes, what can be done to accommodate your limitations? _____

EMERGENCY CONTACT: _____

PHONE: _____

Volunteer Signature: I understand that as a volunteer I will not receive monetary compensation or benefits for my services.

SIGNATURE: _____

DATE: _____