



Fill in and return to
 SPCA of Franklin County
 P.O. Box 1194
 Youngsville, NC 27596

Name:	DOB: _____ / _____ / _____ Month Day Year (if under 18, parent/guardian signature is <i>required</i> on back)
Street/Mailing Address:	City:
Zip Code:	Phone:
Email Address: Would you like to subscribe to our electronic newsletter? Yes No	Occupation: Drivers License # and State of Issue: Expiration Date:
Emergency contact name:	Emergency contact phone:

Tell us about yourself:

Where do you work/attend school? _____

Do you currently volunteer and if so where and what do you do?

What do you enjoy most about volunteering?

Please circle all areas you are interested in volunteering your time/talents

Circle "yes" if you are interested in volunteering this service

Board Member	Yes
Office Assistant (phone, filing, light office duties)	Yes
Data Entry/Word Processing	Yes
Advertising/Public Relations	Yes
Social Media/Web Site	Yes
Fundraising/Event Planning	Yes
Grant Writing	Yes
Volunteer Recruitment/Coordination	Yes
Animal Training/Behavior	Yes
Veterinarian (Licensed)	Yes
Animal Shelter	Yes
Veterinary Assistant or Technician (current certificate required)	Yes
Graphic Design	Yes
Photography/Video Production	Yes

Please tell us about any additional skills/talents/services you would like to volunteer:

VOLUNTEER AGREEMENT GENERAL RELEASE AND WAIVER

As a volunteer with the SPCA of Franklin County, I understand and agree to the following:

1. I understand and will abide by the organization's mission, rules, regulations, policies, and program guidelines while I am a volunteer. I will dress appropriately for events and wear my SPCA Volunteer T Shirt.
2. Respect and safety are a priority. I will keep my safety and the safety of others in mind at all times. I will remain respectful to others at all times, regardless if the views/opinions may differ from my own.
3. I recognize that while performing tasks, including handling animals, there is a risk of injury or bites, as well as risk of personal property loss or damage. I understand and assume the risk of all injuries or property damage in connection with my volunteer work for the SPCA of Franklin County. I also understand that dependant on my level of volunteer activities with the SPCA of Franklin County, I may be subject to a background check and/or drug screening.
4. I agree that SPCA of Franklin County is not liable for any injuries, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the organization.
5. I understand that public relations are an important part of volunteering at the SPCA of Franklin County and I consent to the use of any photographs or videos taken of me for the organization's public relations and marketing efforts.

By signing below, I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement/Waiver and Release Form, and I agree that I will comply with the same.

Date: _____ (Print Name) _____

(Signature) _____

If the volunteer is younger than 18 years of age, a parent or legal guardian's signature is required:

(Signature) _____

Signature of SPCA Officer: _____