



1108 Spring Street  
Syracuse, NY 13208  
315.422.7970

spayneuter@verizon.net

www.spayandneuterSyracuse.org

## VOLUNTEER APPLICATION

Name: \_\_\_\_\_ DOB: \_\_\_\_\_  
(Last) (First) (Middle Initial)

Street Address: \_\_\_\_\_

City/Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

### VOLUNTEER AREAS OF INTEREST

Please indicate which of the following activities you are interested in helping with:  
(This may not be a complete list of all volunteer opportunities. You may change your preferences at any time.)

#### Committees

- Fundraising Committee (Ongoing Committee)
- Fundraising Event Committees (Short Term)
- Marketing Committee (Ongoing)
- Public Outreach Committee (Ongoing)

#### General Assistance

- Distribute SANS Literature
- Help at Public Outreaches (information tables)
- Assist with Educational Programs
- Make Crafts to sell at Outreaches & Fundraisers
- Collect printer cartridges & used cell phones
- Help write for Newsletter

#### Clinic Assistance

- Schedule Appointments by Phone & Computer
- Make Reminder Phone Calls for Appointments
- Take Laundry to Wash and Return to Clinic
- General Cleaning
- Filing & Answering Phones
- Folding Towels & Cutting Large Blankets to Use
- Assist by Bringing Pets to Exam Room in A.M.
- Assist by Bringing Pets to Reception in Evening
- Assist with Inventory
- Transportation of Animals to/from Clinic

How did you hear about SANS? \_\_\_\_\_



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Please indicate which days and times you are generally available to volunteer:

Monday: \_\_\_\_\_ Thursday: \_\_\_\_\_ Saturday: \_\_\_\_\_  
Tuesday: \_\_\_\_\_ Friday: \_\_\_\_\_ Sunday: \_\_\_\_\_  
Wednesday: \_\_\_\_\_

**Employment & Volunteer Experience:**

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Your Position: \_\_\_\_\_

Please list any previous volunteer experience: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I certify that the information in this application is correct, true and complete to the best of my knowledge.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian Signature (if volunteer is under age 18)

\_\_\_\_\_  
Date

Please submit application to: Spay and Neuter Syracuse  
Attn: Volunteer Coordinator  
1108 Spring Street  
Syracuse, New York 13208