

Delaware SPCA Volunteer Application
(Please Print Clearly)

Name _____ Date _____

Address _____

City: _____ State _____ Zip _____

Home Phone: _____ Work Phone: _____ Cell: _____

Over 18? Yes _____ No _____ Date of Birth _____ Age _____

Email address _____

Employer/School _____ Occupation _____

Ever convicted of a crime? On probation? Yes _____ No _____

Are you pregnant, afraid of, or allergic to animals? Do you have an immune system deficiency, or any medical needs? Yes _____ NO _____

If Yes, please explain _____

Do you have any physical or emotional conditions that might hinder your volunteer service or require us to provide you with extra assistance or supervision? Yes ___ No ___

If Yes, please explain _____

Why do you want to volunteer with the Delaware SPCA? _____

Do you have any special skills that may be beneficial to the SPCA?

Thank you!