TOWN OF BROOKHAVEN
ANIMAL SHELTER & ADOPTION CENTER
300 Horseblock Road
Brookhaven, NY 11719
631-451-6950

VOLUNTEER APPLICATION

NAME _____ **DATE** _____

ADDRESS _____

CITY _____ **STATE** _____ **ZIP** _____

HOME/CELL PHONE _____ **EMAIL** _____

SOCIAL SECURITY # _____ **DATE OF BIRTH**_____

EMERGENCY CONTACT _____ **PHONE** _____

Please provide two references (non-family members):

1. NAME _____ **RELATIONSHIP** _____

PHONE _____

2. NAME _____ **RELATIONSHIP** _____

PHONE _____

Please tell us a little bit about yourself:

HOW DID YOU HEAR ABOUT OUR VOLUNTEER PROGRAM? _____

_____

WERE YOU REFERRED BY AN ORGANIZATION/GROUP HOME?

YES _____ **NO** _____

IF YES, WHICH ONE? _____

DO YOU HAVE ANY PRIOR EXPERIENCE WITH ANIMALS? _____

_____

DO YOU HAVE ANY PETS? YES/NO HOW MANY? _____ **TYPE** _____

_____

PLEASE ALSO COMPLETE THE REVERSE SIDE OF THIS APPLICATION

DO YOU HAVE ANY PHYSICAL/MENTAL CONDITIONS/DISABILITIES THAT REQUIRE AN AIDE/COUNSELOR/SOCIAL WORKER? YES _____ NO _____

IF YES, PLEASE EXPLAIN _____

_____

*****PLEASE NOTE THAT ANY AIDE/COUNSELOR/SOCIAL WORKER MUST ALSO COMPLETE THE APPLICATION PROCESS ALONG WITH ATTENDING THE ORIENTATION CLASS. THEY MUST ALSO ACCOMPANY EACH INDIVIDUAL VOLUNTEERING AT ALL TIMES.*****

CONSIDERING THAT VOLUNTEERING AT THE BROOKHAVEN ANIMAL SHELTER CONSISTS OF DEALING WITH ANIMALS, BEING OUTDOORS AND HANDLING/WALKING LARGE BREED DOGS *(50lbs and over)*, ARE YOU ABLE TO PERFORM THE ESSENTIAL FUNCTIONS OF A VOLUNTEER?

YES_____ NO _____

IF YOU ANSWERED NO, PLEASE DESCRIBE THE FUNCTIONS THAT CANNOT BE PERFORMED AND WHAT ACCOMMODATIONS WILL BE REQUIRED? _____

_____

HAVE YOU EVER BEEN CONVICTED OF ANY CRIMINAL OFFENSE, ANIMAL CRUELTY/NEGLECT?

YES _____ NO _____

IF YOU ANSWERED YES, PLEASE EXPLAIN _____

_____

I have read, understand and agree to the above information. I certify that the information provided here is accurate and complete. I authorize the Brookhaven Animal Shelter to perform reference and background checks as necessary for my volunteer position. I acknowledge and understand that as a volunteer of the Brookhaven Animal Shelter, I am not covered by Workers Compensation or any other insurance policy for any damages or injuries I may sustained during my volunteer activities.

SIGNATURE _____ DATE _____

A DRIVER'S LICENSE OR PHOTO I.D. IS REQUIRED TO BE SUBMITTED WITH YOUR APPLICATION

*****Please note that volunteer applications can take approximately 2 weeks to process. You will be contacted via email (if provided) upon approval of your application to schedule a new volunteer orientation.***