



# Forgotten Friends of Long Island, Inc.

*Animal Rescue and Rehabilitation*

**Forgottenfriendsoflongisland@yahoo.com**

*We understand that this volunteer application can seem long, but please be assured that all the below information is completely necessary to completing the volunteer process.*

Forgotten Friends of Long Island, Inc.  
P.O. Box 710  
Plainview, NY 11803  
Attention: Volunteer Coordinator

## **VOLUNTEER APPLICATION**

### **General Information:**

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( ) \_\_\_\_\_ Good time to call A.M. ( ) P.M. ( )

Cell Phone: ( ) \_\_\_\_\_ Good time to call A.M. ( ) P.M. ( )

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

Driver's License ID Number: \_\_\_\_\_

Do you have access to a vehicle? \_\_\_\_\_

How did you find out about Forgotten Friends of Long Island, Inc.? \_\_\_\_\_

Why do you want to become a volunteer?  
\_\_\_\_\_  
\_\_\_\_\_

### **Personal Background Information:**

Are you over 18 years old? Yes ( ) No ( )

Age: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Work Phone Number: \_\_\_\_\_

Work Address: \_\_\_\_\_

City, State, Zip \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

Have you ever been convicted of a misdemeanor or a felony?      Yes ( )      No ( )

If yes, please list conviction(s) below:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any allergies to any animals?      Yes ( )      No ( )

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or psychological conditions that may affect or limit your ability to volunteer?      Yes ( )      No ( )

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Are you currently covered by health and/or accident insurance?

\_\_\_\_\_

In case of emergency, please notify:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Work Number: \_\_\_\_\_ Cell: \_\_\_\_\_

Best Number to call during daytime: \_\_\_\_\_

**Prior Volunteer Experience:**

Have you ever volunteered at an animal shelter before?      Yes ( )      No ( )

How many shelters have you volunteered with? \_\_\_\_\_

**Please provide the following information for the shelter(s) you have volunteered with listing most recent first and listing additional shelters if applicable:**

Name of Shelter: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

How long did you volunteer at this shelter? \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Name of Shelter: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

How long did you volunteer at this shelter? \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

Name of Shelter: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Contact Person: \_\_\_\_\_

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

City: \_\_\_\_\_, State: \_\_\_\_\_, Zip: \_\_\_\_\_

How long did you volunteer at this shelter? \_\_\_\_\_

Start Date: \_\_\_\_\_ End date: \_\_\_\_\_

Reason for leaving? \_\_\_\_\_

**Experience with Animals:**

Do you have any professional experience working with animals?  
\_\_\_\_\_

What if any experience do you have working with animals? (all experiences count including your own pets!)  
\_\_\_\_\_

\_\_\_\_\_

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Are you a licensed veterinary technician? \_\_\_\_\_

Do you have any professional animal training experience?                      Yes ( )                      No ( )

If yes, please list the following:

Certification(s):

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Training Institution(s) Attended:

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**Animal Related Memberships:**

Are you a member of any other animal related organization?                      Yes ( )                      No ( )

If yes please list and explain how you participate (i.e., donate money, volunteer, board member, etc):

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**Education:**

High School Degree Attained?                      Yes ( )                      No ( )

College Degree Attained?                      Yes ( )                      No ( )

Post-Graduate Degree Attained?                      Yes ( )                      No ( )

Technology School Degree Attained?                      Yes ( )                      No ( )

Currently a student at: \_\_\_\_\_

Other, Please explain: \_\_\_\_\_

Currently a student at: \_\_\_\_\_

**Skills:** (Please check all that apply)

Typing: ( )      Office/Administration: ( )      Writing/Editing: ( )      Photography: ( )

Public Relations: ( )      Computers: ( )      Landscaping: ( )      Public Speaking: ( )

Art/Design: ( )      Fund Raising: ( )

**Volunteer Requested Placement:** (Please check all volunteer activities you are interested in assisting with)

- Socialization of Dogs: ( )    Socialization of Cats: ( )    Adoption Counseling: ( )  
 Home Visits: ( )    Dog Walking: ( )    Dog Grooming: ( )  
 Cat Grooming: ( )    Cage Cleaning: ( )    Humane Education/Public Speaking: ( )  
 Fund Raising: ( )    Photography: ( )    Newsletter/Publications: ( )  
 Web Site: ( )    Landscaping: ( )

Manning Booths at Fairs: (this includes handing out written materials/talking with people/bringing animals for adoption) ( )

Transport Dogs/Cats: ( )    Office Administration/phones/filing: ( )

Artwork/Design: ( )    Data Entry: ( )

Other: \_\_\_\_\_

*(volunteers requested placement areas are highly considered but volunteers will be offered placement according to the needs of Forgotten Friends and the animals in our care.)*

**Availability:**

When are you available to begin volunteer training? \_\_\_\_\_

How often are you interested in volunteering?

Every Day ( )    Few Days a Week ( )    Once a Week ( )

Weekends ( )    Once a Month ( )    For Special Events/Projects ( )

**Please Check All the Days and Times You are Available to Volunteer:**

<b>Day of Week</b>	<b>Morning</b>	<b>Afternoon</b>	<b>Evening</b>
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

**Personal References:** (Please provide references of two people not related to you.)

**Personal Reference #1**

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Alternate Number: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

**Personal Reference #2**

Name: \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Alternate Number: (\_\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Relationship: \_\_\_\_\_

Best Time to Call: \_\_\_\_\_

Please provide any other information that may be helpful for us to know when reviewing your application.

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By signing below I certify that the above information is true and accurate to the best of my knowledge, and I understand that completion of this form is in no way guarantees my ability to volunteer with Forgotten Friends. I understand that Forgotten Friends has the right to deny any application at their discretion. I give permission to Forgotten Friends to call the references I have provided and to inquire and confirm any information provided by me on this application in determining my fitness to volunteer with Forgotten Friends. I further understand that completion of this form is only the first step in the volunteer process and that, should I be approved and wish to further the volunteer process, I will be required to sign a volunteer agreement and release of liability and complete a volunteer training course. I understand that this application is the property of Forgotten Friends.

NAME: \_\_\_\_\_  
(Please print)

NAME: \_\_\_\_\_  
(Please Sign)

NAME: \_\_\_\_\_  
Parent/Guardian's signature (if under 18 years of age)

DATE: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Volunteer Coordinator: \_\_\_\_\_

Application Processed by: \_\_\_\_\_

Date Received: \_\_\_\_\_

Date Completed: \_\_\_\_\_

Prior Volunteer Experience Checked:    Yes ( )            No ( )

Personal References Checked:            Yes ( )            No ( )

Criminal Background Check:            Yes ( )            No ( )

Application Approved: ( )                Application Denied: ( )

If denied, please state reason(s):

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