## **See Spot Love**



## **Volunteer Application**

If you have any questions or concerns about this application, please contact us by email at <a href="mailto:info@seespotlove.org">info@seespotlove.org</a> or by phone at (516) 654-4609.

		Applicant	Information			
Full Name:			To	oday's Date:		
ruii ivailie.	Last	First		M.I.	Date	
Date of Birth	n:	Gende	r:			
Home Address:						
	Street Address				Apartm	ent/Unit #
	City			State	ZIP Cod	de
Home Phone:			Email:			
Cell Phone:			_			
Name of Employer:			Job Title:			
Work Address:						
	Street Address					
	City			State	ZIP Code	
Work Phone:			Work Email:			
Have you ev	ver been charged or co	nvicted with a felony or	misdemeanor?		YES	NO
If ye	es, please feel free to p	provide an explanation to	o help us better	consider your app	lication:	

Availability to volunteer (e.g. Saturdays from 10am-12pm; 3 hours each week any time; periodically for special events):
If you are interested in volunteering for a specific task or type of work, or for a specific event, please tell us what this is
(e.g. assisting in training sessions, tutoring, fundraising, special events, social media, recruiting, administrative):
If you have experience or credentials that make you particularly qualified for this task or type of work, please lesus know:
Certification and Signature
I certify that my answers are true and complete to the best of my knowledge.
I understand that See Spot Love, Inc. may share information from this application with its partners and affiliates, including dog rescue organizations, and expressly consent to this sharing of information.
The signatures below may be entered electronically (i.e. typed rather than signed by pen). I agree that by signing this application electronically, my signature below will be deemed as signed by me and, as such, legally binding.
Applicant's Signature: Date:

Please submit this application by email to <a href="mailto:info@seespotlove.org">info@seespotlove.org</a>.