



# Ohio SPCA

P.O. Box 546, Grove City, OH 43123  
(740) 420-2984

## Farm Animal Sanctuary Volunteer Application

Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

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

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

Home Phone# \_\_\_\_\_ Cell Phone# \_\_\_\_\_

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

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

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone# \_\_\_\_\_

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Have you ever been convicted of a crime? \_\_\_\_ Yes \_\_\_\_ No

If yes, please explain: \_\_\_\_\_

Do you have any pets? \_\_\_\_ Yes \_\_\_\_ No

If yes, are they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No

Tell us about them: \_\_\_\_\_

List any additional information that may be useful (i.e. special skills, training, interests, and hobbies):

\_\_\_\_\_

Why do you want to become an Ohio SPCA volunteer? \_\_\_\_\_

Please indicate time(s) you are available to volunteer with the days of week below:

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_ Best time for you to volunteer: \_\_\_\_\_

Please check any of the following which best describes your interests:

- Animal care (feeding, watering, cleaning stalls, barns etc.) on our farm animal sanctuary
- Help with improvements (painting, repair, construction, fencing, mowing, etc.)
- Foster care for horses at my home
- Help with transporting animals  cats/dogs  large animals
- Help educate the public through speaking to groups (schools, clubs, etc.)
- Food pickup and delivery, etc
- Help with mailings, letter writing, phone calls
- Writing -- grants, newsletters, school programs, etc.
- Interest in animal related legislation

Have you volunteered with any animal organizations in the past?  Yes  No

If yes, please complete the following:

_____	_____	_____
Name of Organization	Type of Organization	Year(s)
_____	_____	_____
Contact Name	City	State

Are you still volunteering with the organization?  Yes  No

if no, please explain: \_\_\_\_\_

Do you have experience working with  Dogs  Cats  Rabbits  Farm Animals

Please list any medical conditions that we need to be aware of while you are volunteering:

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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

If you are under 18 years of age, you must obtain a signature from your parent/guardian.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

#### Application Submission Instructions

Option 1: Scan and email to [ohiospca@gmail.com](mailto:ohiospca@gmail.com)

Option 2: Mail to Ohio SPCA, PO BOX 548, Grove City, OH 43123