



State of New York
County of Broome Government Offices

Broome County Dog Shelter

Jason T. Garnar, County Executive · James D. Dadamio, Director ·

Kelly L. Conlon, Shelter Manager

Dog Shelter Volunteer Application

Volunteer Candidate Information

Name: _____

Home Phone: _____ Cell Phone: _____

Birth Date _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

Availability (Please select the days and time you are available)

- | | |
|------------------------------------|-------------|
| <input type="checkbox"/> Monday | Time: _____ |
| <input type="checkbox"/> Tuesday | Time: _____ |
| <input type="checkbox"/> Wednesday | Time: _____ |
| <input type="checkbox"/> Thursday | Time: _____ |
| <input type="checkbox"/> Friday | Time: _____ |
| <input type="checkbox"/> Saturday | Time: _____ |
| <input type="checkbox"/> Sunday | Time: _____ |

Type of Volunteer

What services are you interesting volunteering for?

- | | | | |
|---------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Facility Care | <input type="checkbox"/> Gardening | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Office | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Off Site Program | |
| <input type="checkbox"/> Other: _____ | | | |

Volunteer work experience: _____

Reason for volunteering: _____

In Case of Emergency

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

References (Please provide up to three (3) references)

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

The information contained in the application is true and accurate to the best of my knowledge. I authorize Broome County Government Security Division to verify any of the information provided above.

I understand that submitting this application does not guarantee placement in this volunteer program. I also understand that placement decisions are at the discretion of the Broome County Dog Shelter Manager.

Applicants under the age of eighteen (18) will only be accepted if enrolled in the Broome Tioga Boces Animal Science Program.

Signature: _____ Date: _____