

<i>For office use</i>
<i>Date received:</i> _____
<i>Received by:</i> _____
<i>Contacted on:</i> _____
<i>by:</i> _____

## SPRING FARM CARES VOLUNTEER APPLICATION

Thank you for your interest in volunteering at Spring Farm CARES. This application is the first step to participating in our volunteer program. The minimum age for volunteers is 13 yrs. All 13-16 year olds must be accompanied by a parent/guardian.

Once we receive your application, our Volunteer Coordinator will review it, and then a tour will be scheduled so that we can introduce you to our sanctuary and show you around. Volunteers make a great contribution to our animals and to our organization as a whole. We thank you for giving of your time and talents to help those in need.

Volunteers are welcome 7 days a week (excepting major holidays), from 10am – 4pm.

**Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ (optional for those over 18)

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

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**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Cell:** \_\_\_\_\_

**Do you have cats of your own at home?**

**Are you comfortable around cats?**

**Have you visited our website and are you familiar with our organization, our focus and what types of animals we have in our sanctuary?**

**(Please continue on other side)**

**We have many elderly, special needs, and hospice care animal residents. Are you comfortable to sit with some of them and offer them attention? Sometimes just sitting with them can be very soothing and healing for them. Is this something you are interested in doing?**

**Are you volunteering to satisfy an educational, organizational or community service requirement? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain.**

**Is there anything else you'd like to share with us?**

**Please return applications to:**

**Spring Farm CARES  
3364 State Rt. 12  
Clinton, NY 13323  
Office: (315) 737-9339 Mon.-Fri. 9am-4pm  
Email us: [information@springfarmcares.org](mailto:information@springfarmcares.org)  
Website: [www.springfarmcares.org](http://www.springfarmcares.org)**