



NEW BEGINNINGS SPCA

Non-Profit
Rescue Organization

Helping Animals Find New Homes Since 1991

New Beginnings SPCA is a non-profit 501(c)3 rescue organization That operates solely on Donations. We are also a no-kill organization and Never euthanize because an animal is homeless or has behavioral problems. We only euthanize if there are serious health issues that are not treatable, and the animal is suffering. We do not euthanize for Felv or Fiv.

CONTACT

PHONE:
541.464.4313
PO BOX 1494
ROSEBURG, OR 97470

WEBSITE:
www.newbeginningssPCA.com



VOLUNTEER APPLICATION

Date _____
Name _____
Address _____
City, Zip Code _____
Phone _____ Cell _____
Email _____
Work# _____ Employer _____
Occupation _____

Volunteer Experience _____
Experience w/animals _____

Where _____
When/How Long _____
Physical limitations(opt) _____
Volunteer times preferred _____
Days _____
Are days/times flexible? _____

Areas of Interest

(check all that apply)

Feral kitty committee _____ Adoptions _____ Events _____
Donation Pick-ups _____ Adoption Events _____
Fundraising committee _____
Transporting cats/kittens _____
(to and from foster homes/events/vet appointments/etc.)

If I am accepted as a volunteer, I will commit to a
Minimum of 5 hours per month.

Signature

Date

please complete reverse side

Consent Release

I, the undersigned, understand that my participation in any of the above listed volunteering opportunities is strictly on a volunteer basis. Therefore, no insurance against bodily harm is provided for me. I agree to release the NEW BEGINNINGS SPCA, a non-profit organization, from any and all injuries or damages incurred during my participation as a volunteer in any program.

Signature _____ Date _____

Consent for Minor

To be signed by parent/guardian of volunteer under the age of 18

Signature _____ Date _____

Personal Information

to be completed during interview

Full Legal Name _____

DOB _____ Blood Type _____ Eye color _____

Height _____ Weight _____ Driver's License #/state _____

Emergency Contact _____

Phone _____ Cell _____ Work _____

Name of liability insurance carrier _____

home owners or renter's insurance

For Official Use Only

Interview Date _____ Time _____ Location _____

Interview By _____ Approved _____