

**Oswego County SPCA**

**P.O. Box 4**

**Oswego, NY 13126**

**315-342-3050**

**info@ocawl-sPCA.org**

***Volunteer Application***

**Name** \_\_\_\_\_

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

\_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**E-mail address** \_\_\_\_\_

**Age group (check one)**  **13-17**  **18-35**

**36-60**  **60 & over**

**Consent for minor: I (parent/guardian)** \_\_\_\_\_

**give my consent for (minor)** \_\_\_\_\_

**to volunteer for OCAWL-SPCA.**

**I would like to volunteer for (please check all that apply):**

**Cats**  **Dogs**  **Both**

**Care Duties (feed, clean litter, fill water) at foster facility**

**Foster Care (in your own home)**

**Fundraising**

**Transporting cats/dogs**

**Pickup up supplies**

**Comfort care**

**I am available these days: (circle) Mon Tues Wed Thurs Fri Sat Sun**