



SCHENECTADY COUNTY SOCIETY FOR THE  
PREVENTION OF CRUELTY TO ANIMALS

P.O. Box 9516  
NISKAYUNA, NEW YORK 12309  
INFO@SCHENECTADYSPCA.ORG  
(518) 640-3537



## APPLICATION INSTRUCTIONS

- Please complete and sign the attached form
- Include a photo copy of your driver's license (Please make sure the photo on the copy is legible).
- Complete the Authorization to Release information and Waiver form, sign it, notarize it, and include it along with your application.
- You must answer all of the questions, do not leave any blanks or your application can not be processed
- Mail your application to:

Schenectady County SPCA  
P.O. Box 9516  
Niskayuna, NY 12309  
Attention: Chief Mathew B. Tully



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**PLEASE PRINT LEGIBLY AND ONLY WITH BLACK INK.**  
**You must answer all questions, do not leave any blanks**

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

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

Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_ Drivers License ID: \_\_\_\_\_

Home Phone Number: (\_\_\_\_) \_\_\_\_\_

Cell Phone Number: (\_\_\_\_) \_\_\_\_\_

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

City: \_\_\_\_\_, State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

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

Employer's Address: \_\_\_\_\_

Employer's: Phone Number: (\_\_\_\_) \_\_\_\_\_ Years Employed: \_\_\_\_\_

Social Security No. \_\_\_\_-\_\_\_\_-\_\_\_\_

Your Position/Title: \_\_\_\_\_

Are you allowed calls at work \_\_\_\_ Yes \_\_\_\_ No Emergencies Only \_\_\_\_

Are you active with any other animal groups \_\_\_\_ Yes \_\_\_\_ No (if yes please list)

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

What days of the week/weekend can you volunteer? \_\_\_\_\_

What activities would you be interested in? (Check as many as you want)

\_\_\_ Humane Education \_\_\_ Fundraising \_\_\_ Writing Newsletters

\_\_\_ Law Enforcement \_\_\_ Grant Writing \_\_\_ Computer Data Entry

\_\_\_ Spay/Neuter Clinic \_\_\_ Rabies Clinic \_\_\_ Adoption Clinic

\_\_\_ Artwork \_\_\_ Equestrian \_\_\_ Exotic Animals

Do you have any special skills that you feel would be beneficial to SPCA?

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

Do you have any pets? \_\_\_ Yes \_\_\_ NO (If yes how many and what types)

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

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Please describe briefly why you want to volunteer for the Schenectady County SPCA:

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Do you have any medical/physical Limitations (allergies, bad back, etc.)

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References: Please list three (3) references that we can contact who you have known for at least one (1) year who are not relatives:

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

Person to contact in case of an emergency:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Phone: (\_\_\_\_) \_\_\_\_\_ Alt Phone/Cell: (\_\_\_\_) \_\_\_\_\_

As a volunteer of the Schenectady County SPCA, I understand that I am not involved in law enforcement. I will, of course, report any violations of law or inhumane treatment of animals, but I am not empowered to act upon them without proper authority. As a volunteer for the SPCA, I agree to assume full responsibility if an accident or property damage were to result. I also release the Schenectady County SPCA, its officers and/or its agents from any liability or responsibility whatsoever, whether written or implied.

Volunteer's Signature: \_\_\_\_\_



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Authorization to Release Information and Waiver

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

Any Other Names By Which I Have Been/ Are Known: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

To Whom It May Concern:

As an applicant for a position as a \_\_\_\_\_ with the Schenectady County SPCA, I am required to furnish information for use in determining my qualifications, moral character, honesty, and suitability. I hereby request and authorize the full disclosure of any and all records, files, reports, notes, opinions or any other information you may have concerning me, in any format whatsoever, including information of a confidential nature, to an authorized investigator of the Schenectady County SPCA.

This includes, but is not limited to, the release of all employment files or records, performance evaluations, disciplinary records, background investigation files, polygraph reports, psychological reports, medical records, any and all internal affairs investigations, complaints or grievances files by or against me, training files, educational or school records and transcripts, financial records, credit history, driving records, military records, results/findings of any alcohol/drug detoxification/rehabilitation program, arrest or criminal records including and investigative files or reports, detention reports, field intelligence reports, booking information, court records, probation reports, and /or traffic citations. This release includes photocopies or duplicates of the above material or documents if requested by the Schenectady County SPCA.

A photocopy or an electronic facsimile of this signed authorization form is to be considered effective and valid as the original.

I understand that any information obtained by a personal history background investigation, which is developed directly or indirectly, in whole or in part, upon release authorization will be considered in determining my suitability for employment by the Schenectady County SPCA.

I hereby release you, your organization, its representatives, agents, employees, heirs and assigns, the Schenectady SPCA, its representatives, agents, employees, heirs and assigns from any and al liability whatsoever and /or damages which may result from furnishing the above information.

Signature: \_\_\_\_\_

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

Address:

Home Phone#: \_\_\_\_\_

Sworn to before me on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Notary Public State of New York