

**R.A.S.E.**  
**Regional Animal Shelter Educates**  
An Education Initiative by Fulton County Regional SPCA

**Thank you for your interest in R.A.S.E.! We are so excited you've chosen to apply! Fulton County Regional SPCA's R.A.S.E. Internship Program seeks to engage the young citizens of our community, ages 12 - 16 years of age and educate on the importance and functions of a non-profit animal rescue organization.**

Please complete the following application\* and questions and return to FCRSPCA Education Coordinator **Bobbi Jo Etherton-Haverly** at [bobbijo@fcrspca.org](mailto:bobbijo@fcrspca.org) no later than July 21, 2024. Applicants will be notified of acceptance by EOD July 26, 2024.

*\*all sections must be complete to be considered for acceptance*

**Summer 2024  
Intern Sessions**

**Sunday, August 4, 2024**

3pm - 5pm

FCRSPCA

117 W Fulton St., Gloversville, NY

**Sunday, August 18, 2024**

3pm - 5pm

FCRSPCA

117 W Fulton St., Gloversville, NY

**Sunday, August 25, 2024**

3pm - 5pm

FCRSPCA

117 W Fulton St., Gloversville, NY

*Commitment to all three days is required.*

*We look forward to receiving your application!*



[fcrspca.org](http://fcrspca.org)

117 West Fulton Street | Gloversville, NY 12078

# Applicant Information

NAME: \_\_\_\_\_ PH #: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

PARENT NAME: \_\_\_\_\_ PARENT PH#: \_\_\_\_\_

PARENT EMAIL ADDRESS: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ GRADE: \_\_\_\_\_

EXPECTED GRADUATION YEAR: \_\_\_\_\_

GUIDANCE COUNSELOR NAME: \_\_\_\_\_

ALLERGIES OR MEDICAL CONCERNS WE SHOULD BE AWARE OF: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

T Shirt size:  SMALL  MEDIUM  LARGE  XL  XXL

## Consent

### PARENT

I give permission for my child, \_\_\_\_\_, to apply for the FCRSPCA R.A.S.E. Junior Internship Program. I understand that I am committing to ensuring my child's presence and punctuality for all six sessions.

\_\_\_\_\_  
(parent signature)

\_\_\_\_\_  
(date)

### APPLICANT

I am submitting my application to be considered for the R.A.S.E. Junior Internship Program. I understand that by doing so, I am committing to 6 weekly sessions. If I am not able to commit to all sessions, I understand that my spot will be forfeited.

\_\_\_\_\_  
(applicant signature)

\_\_\_\_\_  
(date)



## Waiver of Liability

I \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (minor), hereby acknowledge that my child is voluntarily participating in the FCRSPCA R.A.S.E. Junior Internship Program led by FCRSPCA Education Coordinator Bobbi Jo Etherton-Haverly. I understand that this program will take place at multiple locations including FCRSPCA shelter facility located at 117 West Fulton Street in Gloversville, NY. FCRSPCA representatives will exercise all necessary and proper care and precautions to keep students safe during sessions in order to prevent injury to any person or property. However, FCRSPCA cannot protect against every potential injury, risk, or accident.

I acknowledge that I have had full opportunity to discuss any and all concerns with R.A.S.E. and its authorized representatives.

I agree to hold harmless FCRSPCA/R.A.S.E. and its representatives from all claims of injury, loss, cost, expenses, or damage during the course of the program. I hereby accept and assume all risks associated with my child's participation in the program and waive and hold harmless FCRSPCA/R.A.S.E. and their representatives from any and all injuries, losses, claims, and damages to any person or property of the undersigned.

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(parent signature)

(print name)

(date)

## Minor Photo Release

I \_\_\_\_\_, the parent or legal guardian of \_\_\_\_\_ (minor), participating in the FCRSPCA R.A.S.E. Junior Internship Program, grant FCRSPCA my permission to use my child's likeness for the purpose of promotion, including but not limited to: publicity, copyright purposes, illustration, advertising, web content, or other manner or media by FCRSPCA or other representatives authorized to act on behalf of the aforementioned entity. Likeness shall include, but not be limited to: photographs, audio and/or video recording. I agree that the material involved is and shall continue to be the property of FCRSPCA and neither I nor my child have the right to review or approval regarding the use of my child's likeness in such material.

I hereby release and hold harmless, FCRSPCA, along with their respective representatives, from all claims, demands, or causes arising out of the use of my child's likeness, in accordance with the terms of this release.

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(parent signature)

(print name)

(date)



# Application Questions

*Please complete the below to the best of your ability. If you have any questions, please feel free to reach out to Ms. Bobbi Jo at [bobbijo@fcrspca.org](mailto:bobbijo@fcrspca.org) and she will be happy to walk you through the application!*

**1. Have you ever volunteered before? If so, tell us about your experience. If not, tell us why you'd like to volunteer now.**

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**2. Why do you feel that volunteering in your community is important?**

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**3. What impact do you think you will make at FCRSPCA?**

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**4. What impact do you think volunteering at FCRSPCA will have on you?**

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**5. What do you hope to learn from this program?**

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**5. Do you have pets at home? If so, what is your favorite part about caring for them?**

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**6. Tell us a little bit about what you'd like to do after you graduate...**

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**6. How did you hear about the R.A.S.E. Junior Internship Program?**

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**7. Are there any special physical/educational considerations or accommodations you will require during the program?**

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*If additional space is needed, please attach another sheet.*

