

SUMMIT COUNTY
ANIMAL CONTROL AND SHELTER
P.O. Box 5225
Frisco, CO. 80443

VOLUNTEER APPLICATION

Date _____

Name _____

Mailing Address _____ City _____ Zip Code _____

Physical Address _____ City _____ Zip Code _____

Home Phone _____ Work Phone _____

Email Address: _____

In case of emergency, please notify:

Name/Relation _____

Home Phone _____ Work _____ Cell _____

Are you a minor under the age of 18? (Circle one) Yes No If yes, you MUST have your parent or legal guardian sign on the signature line.

_____/_____/_____
Parent Signature Print Name Date signed

NOTE - Children under the age of 14 must be accompanied at all times by an adult, at orientation, training, interview and during actual volunteering. An adult may only accompany one child under 14 at a time except by special arrangement in advance.

Please note if you have any form of health insurance coverage: Yes No
Have you ever been convicted of a crime? Yes No If yes, please explain.

* If this for a court ordered requirement to perform community service you need to see front desk staff – volunteering cannot be part of your community service work hours.

The shelter is open Monday – Saturday, 9:00a.m. – 5:30p.m. In general, arrangements can be made with the kennel technician to provide volunteer work on Sundays.

Please note the job(s) you would like to perform at the shelter:
_____ Walking, socializing dogs _____ Socializing cats _____ Other

Are you volunteering as part of a school or academic program requirement? _____
(i.e. - IB or other academic community service requirement)

What school or institution are you affiliated with? _____

Why are you interested in volunteering at our shelter? _____

02/08/2011

Please list any previous volunteer experience, or any special skills, abilities, or hobbies that would be helpful at the shelter. _____

Please describe any and all previous experience you have had working with animals. _____

Do you have any physical limitations, including allergies that would limit your ability to perform the work you will do at the shelter? If so, please describe _____

What are your feelings about euthanasia (causing a humane or painless death of an animal by the injection of a barbiturate)? *Please note that euthanasia is sometimes performed, but volunteers are never directly involved in the euthanasia process.*

What do you believe are some of the biggest problems facing animal shelters today? _____

Please list a minimum of three personal references (school program volunteers must include a minimum of one teacher and identify that person as a teacher reference)

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

Name _____ Address _____ Phone _____

1. Each volunteer **must attend a 2-hour general orientation and a required Dog Class and/or Cat Class prior** to, but not more than 30 days in advance of, beginning your volunteer work. These are held twice monthly at the shelter facility.
2. All **prospective volunteers must complete a personal interview** with the Volunteer Coordinator prior to beginning volunteer work at the shelter.
3. All participants of the IB program or any other **academically supported program MUST check in** at the front desk before beginning work.
5. While we do not ask you to make a specific time commitment to the shelter, we encourage you to **plan to come in weekly**, or as regularly and frequently as your schedule allows.
6. We recommend participants of the shelter volunteer program have their own health insurance coverage before beginning their work as volunteer. Worker's compensation coverage does not apply to volunteers.

Thank You! We look forward to your participation in Summit County Animal Shelter's volunteer program. Call 970-668-3230 or view our website at www.co.summit.co.us/animalcontrol for orientation dates and times.

Questions? Contact Virginia Carpenter, Volunteer Coordinator, at (970) 668-3230 xt4197.