

## ***Animal Control Volunteer Application***

Name \_\_\_\_\_ Telephone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_  
E-mail \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_ Zip \_\_\_\_\_

**VOLUNTEERS MUST BE AT LEAST 16 YEARS OF AGE.**

Date of Birth (DOB) \_\_\_\_\_ Driver's License or SS# \_\_\_\_\_

Parent or Guardian Name (If under 18 years of age) \_\_\_\_\_

Current Occupation \_\_\_\_\_ Highest Education Level Completed \_\_\_\_\_

Have you volunteered before? \_\_\_\_ If yes, where? \_\_\_\_\_ How long? \_\_\_\_

What were your duties? \_\_\_\_\_

What is your area of interest at the Animal Control shelter?

- |  |  |
|--|--|
| <input type="checkbox"/> Animal Care – Cleaning and feeding        | <input type="checkbox"/> Dog walking                       |
| <input type="checkbox"/> Assist with vaccinations and medical care | <input type="checkbox"/> Animal Assessment/Adoption Prep   |
| <input type="checkbox"/> Office Assistant                          | <input type="checkbox"/> Customer Service                  |
| <input type="checkbox"/> Adoption Counselor                        | <input type="checkbox"/> Driver-Donations/Animal Transport |
| <input type="checkbox"/> Newsletter                                | <input type="checkbox"/> Special Events                    |
| <input type="checkbox"/> Special Events Coordinator                | <input type="checkbox"/> Other (Please specify) _____      |

Please indicate all areas of interest. Animal Control has different needs at different times.

Are there duties you do not wish to perform? \_\_\_\_ No \_\_\_\_ Yes What are they? \_\_\_\_\_

Are there animals you do not wish to handle? \_\_\_\_ No \_\_\_\_ Yes What are they? \_\_\_\_\_

Do you have any allergies to animals? \_\_\_\_ No \_\_\_\_ Yes To what animals? \_\_\_\_\_

Do you have pets? \_\_\_\_ No \_\_\_\_ Yes How many? \_\_\_\_\_

For dogs and cats, are they spayed or neutered? \_\_\_\_ No \_\_\_\_ Yes

Are they vaccinated and licensed by the City? \_\_\_\_ No \_\_\_\_ Yes

Do they wear their tags or have a permanent registered micro chip? \_\_\_\_ No \_\_\_\_ Yes

Are you a member of a humane society? \_\_\_\_ No \_\_\_\_ Yes Name \_\_\_\_\_

What do you hope to accomplish as a volunteer? \_\_\_\_\_

What type of rewards or satisfaction do you hope to achieve as a volunteer? \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Please deliver or fax your completed application to Animal Control at 757-485-7319. If you have questions, please email [kstrouse@cityofchesapeake.net](mailto:kstrouse@cityofchesapeake.net) You will be notified of the next Volunteer Orientation Meeting. Please be advised that Animal Control is part of the Chesapeake Police Department. All successful candidates must pass a criminal history check, be fingerprinted and photographed. They must also sign a statement attesting that they have never been convicted of any violation of law pertaining to cruelty, abuse or neglect of animals.