



Dog Control Volunteer Application Form

To volunteer at Marion County Dog Control, you must be:

- At least 16 yrs old to work in the kennel with the dogs
- Willing to donate a minimum of 2 hours per week
- Able to attend volunteer orientation prior to volunteering
- A humane & caring person with time & love to share

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Name _____ Daytime phone (____) _____

Address _____ Evening phone (____) _____

City _____ State _____ Zip Code _____

Email _____

Are you 16 yrs old or older? _____ Are you 18 yrs old or older? _____

Languages you speak: _____ write: _____

Why do you wish to volunteer at Dog Control: _____

Personal references (three non-relatives please):

Name	Phone Number	How you know them?
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1. _____

2. _____

3. _____

Are you currently employed? Yes ___ No___

May we contact your present employer? Yes ___ No___

Company name & employment contact _____

Phone _____

Do you have experience handling dogs? Yes ___ No___

Do you currently own any dogs? Yes ___ No___

Have you taken your dogs to obedience school? Yes ___ No___

List your experience that relates to dogs & dog handling skills: _____

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Do you have experience working with the public? Yes ___ No ___

If yes, please explain: _____

Estimated time of volunteer commitment?

3 mo.+ _____ 6 mo.+ _____

1 yr.+ _____

Indicate the days/times that are best for you to volunteer:	
Day(s)	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Check the position(s) that most interest you:			
<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>	Foster Care Provider
<input type="checkbox"/>	Outreach / Event Assistant	<input type="checkbox"/>	Adoption Counselor
<input type="checkbox"/>	Shelter Assistant	<input type="checkbox"/>	Dog Walker

Emergency Contact:

Name _____ Relationship _____

Day phone _____ Evening phone _____

I give my permission for my references to be contacted. I also understand that information obtained will be used only in conjunction with a Marion County Dog Control volunteer position. All of the information on this application is true to the best of my knowledge.

Signature _____ Date _____

Office use only	
Application received: _____	Interview Completed: _____
Orientation Scheduled: _____	Agreement Completed: _____