



Marion County
OREGON

Dog Control Volunteer Application Form

To volunteer at Marion County Dog Control, you must:

- Be a minimum of 16 years old (16-17 years of age must be accompanied by an adult)
- Be able to attend volunteer orientation
- Have completed an application and agreement form

.....
Name _____ Daytime phone () _____

Address _____ Evening phone () _____

E-mail _____

City _____ State _____ Zip Code _____

Please check the appropriate box:

I am 16 yrs old or older 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?
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____

Are you currently employed? Yes ___ No___

May we contact your present employer? Yes ___ No___

Company _____

Supervisor Name _____ Phone _____

Do you have any experience handling dogs? Yes ___ No___

Do you currently own any dogs? Yes ___ No___

Have you taken your dog(s) to obedience school? Yes ___ No___

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

(Please continue on back)

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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.+ _____

<i>Indicate the positions that most interest you. If the position you desire is not on the list, write it in:</i>			
<input type="checkbox"/>	Office Assistant	<input type="checkbox"/>	Foster Care Provider
<input type="checkbox"/>	Event Helper	<input type="checkbox"/>	Adoption Counselor
<input type="checkbox"/>	Event Planner	<input type="checkbox"/>	Dog Walker
<input type="checkbox"/>	Shelter Assistant	<input type="checkbox"/>	

Shelter hours for volunteering Monday – Saturday 11 a.m. until 5 p.m. Sunday 9 a.m. until 5 p.m. <i>Indicate the days/times that are best for you to volunteer:</i>	
Day(s)	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

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 _____

Return to: Attn: Shelter Volunteer Coordinator, 3550 Aumsville Hwy. SE , Salem OR 97317 or fax to 503-566-6914. For more information you may phone 503-588-5233 or e-mail dog@co.marion.or.us.

Office use only		<small>(updated 8/15/2007)</small>
Application received: _____	Interview Completed: _____	
Orientation Scheduled: _____	Agreement Completed: _____	