



Dog Control Volunteer Application Form

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

- At least 18 yrs old to work in the kennel with the dogs
- At least 16 yrs old with parental permission to work in the kennel with the dogs
- Able to attend volunteer orientation prior to volunteering
- A humane & caring person with time & love to share

Name _____ Daytime phone (_____) _____

Address _____ Evening phone (_____) _____

City _____ State _____ Zip Code _____

Email _____

Are you 18 yrs old or older? Yes No Are you 16 yrs old or older? Yes No

If 16 yrs old or older, is Parental Permission Form signed and attached? Yes No

Languages you speak: _____ write: _____

Why do you wish to volunteer at Dog Control? _____

Where did you learn about volunteer opportunities at our shelter? _____

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 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: _____

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.+

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
<input type="checkbox"/>	Transporting Dogs	<input type="checkbox"/>	

Indicate the days/times that are best for you to volunteer:

Day(s)	Time(s)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

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 Application To:

Marion County Dog Shelter
Attn: Volunteer Coordinator
3550 Aumsville Hwy. SE
Salem OR 97317

Office use only	
Application Received: _____	Orientation Scheduled: _____
Agreement Completed: _____	