

# Winnebago County Animal Services

## VOLUNTEER APPLICATION

### APPLICANT INFORMATION *(please print clearly):*

Date: \_\_\_\_\_ Name: \_\_\_\_\_

**Thank you for applying as a volunteer!** Volunteers play an important role at Winnebago County Animal Services (WCAS) in helping provide quality animal care, promoting responsible pet guardianship, spay/neuter education and increasing community awareness.

I have read and understand the "Volunteering at WCAS" handout.

**Please keep in mind that we are looking for volunteers who are willing and able to seriously commit to the time needed for the initial training sessions, follow up mentoring, and a minimum service of 4 hours a month. If you are unable to commit to this amount of time, or anticipate a change in your circumstances in the near future (e.g.: returning to work or school) that may severely limit your availability, please discuss your situation with the Auxiliary President or Adoption Coordinator.**

Applicant's Driver's License or State ID # (required for background checks): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

Employer Name / Occupation: \_\_\_\_\_

Check your age group:  18-25  26-35  36-45  46-55  56+

How many dogs do you own? \_\_\_\_ Dog(s) names: \_\_\_\_\_

How many cats do you own? \_\_\_\_ Cat(s) names: \_\_\_\_\_

Are all your cats and dogs currently vaccinated and registered?  yes  no

Are all your dogs and cats spayed/neutered?  yes  no If not, why? \_\_\_\_\_

### EMERGENCY CONTACT:

Name: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Contact phone: \_\_\_\_\_

### AVAILABILITY (check all that apply):

Weekday mornings  Weekend mornings  Special events  
 Weekday afternoons  Weekend afternoons  When needed

#### IMPORTANT:

Are you willing to commit to a minimum of four hours per month?

yes  no

How did you hear about the volunteer program? \_\_\_\_\_

Why do you want to volunteer? How would you like to make a difference? \_\_\_\_\_

\_\_\_\_\_

What experience have you had with animals? \_\_\_\_\_

\_\_\_\_\_

Do you have any special skills that we should know about? (i.e. public speaking, professional groomer, skilled animal trainer, computer skills, photographer, customer services, etc.): \_\_\_\_\_

\_\_\_\_\_

Please list volunteer opportunities for which you would like to be considered for (refer to Volunteering at WCAS handout): \_\_\_\_\_

\_\_\_\_\_

Explain how you feel about euthanasia: \_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony?  yes  no

Are you acquainted with a current WCAS volunteer or employee?  yes  no

Name/position: \_\_\_\_\_ Relationship: \_\_\_\_\_

I certify that the statements made in this volunteer application are true and have been given voluntarily. I understand that this information may be disclosed to any party with legal interest, and I release the agency from any liability whatsoever for supplying such information. I also understand that I will not be paid for my services as a volunteer. In consideration of Winnebago County Animal Services and its Auxiliary accepting my application for participation in Winnebago County Animal Services & its Auxiliary's programs, I agree to release and hold harmless Winnebago County Animal Services and its Auxiliary from and against any and all loss, damage, claims, liability, costs and expenses of any nature whatsoever, including without limitation, attorney's fees and disbursements, arising from or occasioned by my participation in Winnebago County Animal Services and its Auxiliary's programs. I understand there are certain risks inherent in handling animals and I accept these risks. I agree that Winnebago County Animal Services and its Auxiliary may photograph my participation in this program, and I hereby release any such photographs to Winnebago County Animal Services and its Auxiliary for use in its programs, publications and purpose. I understand that Winnebago County Animal Services reserves the right to refuse my application or dismiss me if I violate Winnebago County, Volunteer or Auxiliary policy and procedures.

\_\_\_\_\_  
Applicant's Signature:  
(you must be 18 years of age to volunteer)

\_\_\_\_\_  
Date:

Please return your completed application to Winnebago County Animal Services, 4517 N. Main Street, Rockford, IL 61103, Attn: Volunteer Auxiliary. Questions? Call 815-319-4100 and leave your name and number for an Auxiliary member to contact you. Thank you for applying and we'll contact you soon!