



Volunteer Application

(16 years of age and older)

FOR OFFICE USE ONLY:

Date Received _____

Orientation _____

Dog-Handling _____

Cat Behavior _____

Thank you for your interest in volunteering with the Tallahassee-Leon Community Animal Service Center. The information on this form will help us determine your suitability for volunteering with our organization. Incomplete or illegible applications will not be considered.

PLEASE PRINT YOUR RESPONSES

Name:		Date:	
Home Address:		Apt.:	City/State/Zip:
Home Phone: () ()	Work Phone: () ()	Cell Phone: () ()	
E-mail Address:			
Are you 16 years of age or older?		Occupation:	
Driver License Information State of Issuance: _____ Driver License No.: _____ Expiration Date: _____			
Do you have prior animal experience? Yes <input type="checkbox"/> No <input type="checkbox"/>		If so, where and what type:	
Describe any special skills or training you have that would be helpful for the volunteer program.			
Are you a member of any animal-oriented organizations? If so, what is the name?			
Have you ever had to turn an animal into a shelter? If yes, please describe the circumstance:			
TLCASC is an open admission shelter and does have to euthanize animals for health/safety and space concerns. How do you think this will affect your performance?			
How did you hear about volunteering with our organization? Adopter <input type="checkbox"/> Internet <input type="checkbox"/> Friend <input type="checkbox"/> Advertising <input type="checkbox"/> Other (Please specify): _____			
Are you able to perform the volunteer duties for the position you are interested in without any accommodations? Yes <input type="checkbox"/> No <input type="checkbox"/> If not, what type of accommodations would you need?			
Please indicate the day and time you would be available to volunteer:			
Monday (Time)		Friday (Time)	
Tuesday (Time)		Saturday (Time)	
Wednesday (Time)		Sunday (Time)	
Thursday (Time)		Whenever needed <input type="checkbox"/>	
Please indicate by ranking (1-12) the type of volunteer work you would be most interested in doing. (1 – first choice).			
_____ Dog Walker	_____ Office Work	_____ Special Events, Fundraising & Education	
_____ Animal Fostering	_____ Kennel Work	_____ Graphic Design/Newsletter	
_____ Vet Volunteer	_____ Grooming	_____ Greeter – Critter Concierge	
_____ Digital Photography	_____ Matchmaking	_____ Cat Socialization	

Is there anything you would prefer not to do?

Criminal History Information

A criminal history information screening will be conducted. If your answers to the questions below do not accurately and completely reflect your criminal history, you may be eliminated from further consideration for volunteering. A "yes" answer to any question(s) will not automatically bar you from volunteering or employment. The nature, job-relatedness, severity, and date of the offense(s) in relation to volunteer duties will be considered.

Have you ever been convicted of a felony or a 1st degree misdemeanor? ___ Yes ___ No

Have you ever had the adjudication of guilt withheld for a felony or 1st degree misdemeanor? ___ Yes ___ No

If you have answered "yes" to one of the above questions, please complete the following information regarding each felony and/or 1st degree misdemeanor:

Charge	Date of Disposition	County/State

References

Please list the names, addresses, and telephone numbers of two personal references that you have known for a minimum of one year. ***(Please do not use family members as a personal reference.)***

Name: _____

Address: _____

City, State & Zip: _____

Phone: (Home) _____ (Work) _____

Office Use

Comments: _____

Name: _____

Address: _____

City, State & Zip: _____

Phone: (Home) _____ (Work) _____

Office Use

Comments: _____

Volunteer Waiver
(Waiver must contain original signature)

In signing this statement, I understand and agree to the following:

I, _____, agree to abide by the policies and procedures explained to me by the Tallahassee-Leon Community Animal Service Center (TLCASC) during a volunteer activity and/or training period. I agree to serve as a member of the volunteer team at the discretion of TLCASC and I will abide by the appropriate rules and regulations that apply to TLCASC employees. I verify that I am volunteering my time without any expectation that I will be compensated for the hours I work in a volunteer capacity. I give my consent to TLCASC to provide my name, voice and/or photograph, or that of any pet I own or care for, to the media in connection with advertising, programming or operational activities for TLCASC. I understand that I will receive no compensation for giving this permission. I agree to hold harmless Tallahassee-Leon Community Animal Service Center, the City of Tallahassee, Leon County, and any of its agents, employees, directors, and insurance carriers from all actions, claims of every nature, damages or judgments in matters relating to my service as a TLCASC volunteer. This includes, but is not limited to, personal injury.

Date: _____ Your Signature: _____

Witness: _____

Parent/Guardian (if under 18) _____

Emergency Notification

Please provide the name, address and phone numbers of the person to contact in case of an emergency.

Name: _____ Relationship to you: _____

Home Address: _____ Apt: _____

City/State/Zip: _____

Home Phone: () _____ Work: () _____ Cell: () _____

RETURN APPLICATION TO:
ShelterVolunteer@Talgov.com
Tallahassee-Leon Community Animal Service Center
1125 Easterwood Drive
Tallahassee, Florida 32311
Phone: 891-2950 Fax: 891-2977
www.talgov.com