

Hanover County Animal Control
Volunteer Application Form

[Click to see the Volunteer Handbook](#)

Name: _____

Preferred to be called: _____

Address: _____

Mailing address (if different): _____

City: _____ State: _____ Zip: _____

Phone: (Home) _____ (Office) _____

E-mail address: _____

Contact in emergency:

Name: _____ Relationship: _____ Phone: _____

How did you hear about us?

Saw job description Saw advertisement From agency/school

From client of agency Referred by friend/volunteer Volunteer Center

If Volunteer Center, name of center: _____

Other: _____

I. Skills and Interest

1. Education background: _____

2. Current occupation: _____

3. Hobbies, skills, interests: _____

4. Previous volunteer experience: _____

5. Have you had any formal education in animal care or animal welfare?: _____

If so, please List:

6. Volunteer goal (reason): School credits Internship Socialization Seasonal

Resume enhancement Court ordered/Community diversion requirement

Corporate Sponsorship Outreach(church) Contribution to community

other: _____

II. Preferences in Volunteering

1. Volunteer position for which you are interested: _____

2. Have you done any other volunteer work?: _____ If so, please list:

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3. To help us match you with assignments you enjoy, please indicate the types of volunteer activities that interest you.(check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Working as an adoption counselor with clients | <input type="checkbox"/> Providing educational services to public |
| <input type="checkbox"/> Working directly with a animal care staff | <input type="checkbox"/> Doing public speaking, fundraising, etc. |
| <input type="checkbox"/> Performing general office or administrative duties | <input type="checkbox"/> Working at public events, ie rabies clinics |
| <input type="checkbox"/> Doing research, training or an individual project | <input type="checkbox"/> No preference |
| <input type="checkbox"/> Working directly with animals as caretaker | |
| <input type="checkbox"/> Doing Photography or video work, i.e. Developing or producing public relations materials, data entry, typing, etc. from home or on-site. | |

4. Are there specific tasks that you are unable to perform due to physical limitations or personal preference. No Yes explain:_____

5. Do you understand that some animals are euthanized at the facility? No Yes Will you have any problems volunteering knowing this? No Yes, explain:

III. Availability

1. At what days and times are you available to volunteer?

- Monday Tuesday Wednesday Thursday Friday Saturday

Time: _____

Additional comments:_____

2. Do you have access to an automobile you can use for volunteer work? Yes No comments:_____

IV. Background Verification

1. Have you ever been convicted of a criminal offense? Yes No explain:_____

2. Have you ever been charged with neglect, abuse, or assault? Yes No explain:_____

3. Has your driver's license ever been suspended or revoked in any state? Yes No explain:_____

4. Do you use illegal drugs? Yes No

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5. Have you ever worked for any animal rights organization such as P.E.T.A. , S.O.S., etc., No Yes
If yes, which?:

6. Please list two non-family references whom we might contact:

A: _____ Phone: _____
B: _____ Phone: _____

7. Please list all Pets, Livestock, or other animals that you or your household is responsible for:

Required!

Animal:	Breed:	License #:	Rabies Vac.#
Animal:	Breed:	License #:	Rabies Vac.#
Animal:	Breed:	License #:	Rabies Vac.#
Animal:	Breed:	License #:	Rabies Vac.#
Animal:	Breed:	License #:	Rabies Vac.#

Please print additional animals on the back of this sheet:

8. Our volunteer program will require the following screenings for all volunteers interested in such positions. **(Does not apply for court ordered services) (AGENCY USE ONLY)**

Criminal Records Check
Social Security Number: -- --

Animal Control requires all court ordered/community diversion services to provide documentation from the court referral source.

Do you consent to the performance of the above screenings prior to placement?

Please note, your refusal to do so may exclude you from consideration for some or all types of volunteer activities with our organization. No Yes

Signature: _____ Date: _____