

STAFF ONLY
(Please initial):

P# _____
Background Check
Cleared _____

SUMMIT COUNTY
ANIMAL CONTROL AND SHELTER
P.O. Box 5225
Frisco, CO. 80443
Volunteer Coordinator #970-668-4197



VOLUNTEER APPLICATION

Date of class _____

Name _____

Cell Phone _____ Home/Wk Phone _____

Physical Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Email Address: _____

In case of emergency, please notify:

Name/Relation _____

Home Phone _____ Work _____ Cell _____

NOTE - Children under the age of 14 must be accompanied at all times by an adult, at orientation/ training and during actual volunteering. An adult may only accompany one child under 14 at a time except by special arrangement in advance.

Child's name (s): _____

Birthdate (s): _____

Are you a minor under the age of 18? (Circle one) Yes No If yes, you MUST have your parent or legal guardian sign on the signature line.

_____/_____/_____

Parent Signature

Print Name

Date signed

COMMUNITY SERVICE - If you have a court order to perform community service you need to see front desk staff – volunteering cannot be part of your community service work hours.

Please note if you have any form of health insurance coverage: Yes No

Please note the job(s) you would like to perform at the shelter:

Walking, socializing dogs ___ Socializing cats ___ Other Skills to Share _____

What school or institution are you affiliated with? _____

Why are you interested in volunteering at our shelter? _____

Please list any previous volunteer experience:

(TURN OVER)

Please describe any and all previous experience you have had working animals. _____

Do you have any physical limitations, including allergies that would limit your ability to perform the work you will do at the shelter? If so, please describe: _____

What are your feelings about euthanasia (causing a humane or painless death of an animal by the injection of a barbiturate)? *Please note that euthanasia is sometimes performed, but volunteers are never directly involved in the euthanasia process.*

What do you believe are some of the biggest problems facing animal shelters today? _____

Please list one personal reference:

Name _____ Address _____ Phone _____

1. Each volunteer **must attend a General Orientation / Training class prior** to, but not more than 30 days in advance of, beginning your volunteer work. These are held twice monthly at the shelter facility.
2. While we do not ask you to make a specific time commitment to the shelter, we encourage you to **plan to come in weekly**, or as regularly and frequently as your schedule allows.
3. We recommend participants of the shelter volunteer program have their own health insurance coverage before beginning their work as volunteer. Worker's compensation coverage does not apply to volunteers.

All potential volunteers over 18 years of age are subject to a criminal background check at the discretion of the County. The County reserves the right to deny volunteer opportunities to individuals based upon the results of the background check. Please complete the information below:

Volunteer Signature

Date of Birth

Dated Signed

***For Orientation Dates and general volunteer information view the county website at www.summitcountyco.gov/animalcontrol**

***To sign up for class search SCASVOL for our volunteer website and use the sign up link or use the QR scan below for a link to the sign up website or email the volunteer coordinator at mary.harmeyer@summitcountyco.gov**

