

VOLUNTEER APPLICATION

NAME: Last		First		MI	
Sex:	DOB:	DL#			
Home Address:					
City:				Zip Code:	
PHONE: Home			Alternate:		
Email:					
EMERGENCY CONTACT: Name:					
Relationship:					
Address:				City:	
PHONE: Home			Alternate:		
VOLUNTEER QUESTIONNAIRE:					
Why are you interested in volunteering at the City of Watauga Animal Service Center?					
Are volunteer hours required by your school, work, church, etc?				YES	NO
Number of hours required:				(weekly, monthly, annually)	
Do you have any special skills, talents, or experience that you feel would benefit the City of Watauga Animal Service Center? Please describe					
What are your areas of interest?					
Are you available on a regular schedule each week?				YES	NO
Please list the hours you are available:					
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Do you have a valid driver's license?			Do you have transportation?		
Have you ever been convicted of a criminal offense?				YES	NO
If yes, please explain:					
Do you have any experience working with animals? Please describe.					
Do you have any pets?		# Dogs	# Cats	# Other	
I understand and agree to the following while volunteering at Watauga Animal Services:					
Volunteers shall abide by all safety rules, regulations, policies, and procedures.					
Volunteers shall work at the Watauga Animal Service Center at their own risk.					
Volunteers hereby indemnify and hold harmless the City of Watauga for any damage, injury, or casualty resulting from their work on the premises of the Animal Service Center.					
The City of Watauga shall not be held liable in any manner or form for the negligence or unlawful acts of the volunteers.					
_____			_____		
Volunteer's Signature			Date		
_____			_____		
Parent or Guardian's Signature (if volunteer is under 18)			Date		