



**Pinal County Animal Care and Control
Volunteer Application**

Thank you for your interest in volunteering with Pinal County Animal Care and Control! Volunteers play a vital role within our organization, and the animals depend upon the love and care provided by our volunteers.

All potential volunteers will be interviewed prior to placement. Volunteers are also required to participate in training for the position(s) selected, and to attend a minimum of three (3) continuing education sessions (provided by the shelter) per calendar year.

Please complete the application below (you must be 16 years of age or older to participate in the regular volunteer program). Upon receipt of your completed application, we will contact you to schedule your interview and orientation.

Thank you again for your interest in volunteering for Pinal County Animal Care and Control!

Please print or type your responses clearly.

Date: _____

Personal Information: (personal information is for PCACC use only)

Name: _____ **Date of Birth:** _____
First Middle Initial Last

Address: _____ **Apt:** _____

City, State, Zip: _____

Home Phone #: _____ **Work Phone #:** _____

Alternate #: _____

Email address: _____

Emergency Contact: _____ **Relation:** _____

Home phone #: _____ **Alternate #:** _____

Please list two references who are not family members:

Name	Relationship	Phone #
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Name	Relationship	Phone #
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Education: (Check last year completed):

High School: 1__ 2__ 3__ 4__

College: 1__ 2__ 3__ 4__

Graduate School: 1__ 2__ 3__ 4__

Employment:

Are you presently employed? Yes: _____ No: _____

If yes, please state your work schedule: _____

Employer's Name and Address:

May we call you at work? __yes__ no If yes, phone #: _____

Describe the type of work you do: _____

List any special skills, training, interests or hobbies:

Volunteering:

How did you hear about the volunteer program at Pinal County Animal Care and Control?

Why are you interested in becoming a Pinal County Animal Care and Control volunteer?

Are you volunteering to fulfill a court-ordered community service requirement?

yes no (If yes, must interview with the shelter Director and complete all other volunteer requirements)

Have you ever been convicted of any offense relating to or involving cruelty to or neglect of an animal? yes no

Do you have experience working with/handling animals? yes no

If yes, please describe: _____

Do you have pets at home? yes no If yes, what kind(s)?

Are your pets spayed/neutered? yes no

If no, why not? _____

Would you be interested in information on low cost spay-neuter options? Yes No

Are you allergic to any chemical agents (such as bleach) or to fumes from cleaning agents (such as bleach)? yes no. If yes, please indicate agent(s) to which you are allergic:

Are you allergic to latex (or items containing latex)? yes no

Are you a seasonal/winter visitor? Yes No

If yes, please indicate the months during which you are in AZ and available for volunteering:

Are you bilingual? Yes No If yes, language(s) spoken/read: _____

Please check the volunteer opportunities in which you would like to participate (cross training for multiple positions is encouraged):

- Bathing/Grooming
- Animal Photography Dogs/puppies: yes no; Cats/kittens: yes no
- Office/Dispatch Assistant (clerical)
- Dog Walking/Socializing (“Dog Team”)
- Cat Cuddling/Socializing
- Adoption/Adoption Events assistant (clerical)

(cont.)

- Community Outreach/Education Assistant _____
- Kennel assistant _____
- Volunteer Recruitment Assistant _____
- Animal Foster (special requirements*apply) _____

Are you available to volunteer for a minimum of 8 hours per month? ___yes ___no

One of the responsibilities of the shelter is to euthanize (put to sleep) animals upon request of the owner(s), in cases of severe illness, aggression, or to meet the shelter's need for physical space. Are you comfortable volunteering for an organization in which euthanasia is performed? ___ yes/ ___ no

Scheduling:

Please note: The shelter is open M-F from 8 AM-5 PM; Saturdays from 10 AM-2 PM. Adoption events and other activities may run on hours different from those during which the shelter is open.

Please indicate the days/times you will be available to volunteer by placing a check mark in the corresponding column. You may sign up for multiple shifts per week, or per day.

Shift	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
8A-10A						XXXXX
10A-noon						
Noon-2P						
2P-5P						XXXXX

I give my permission to PCACC to verify the information given:

(Volunteer applicant signature)

(Parent or guardian signature if volunteer applicant is under 18 years of age)

Revised: Oct. 2013