Volunteer Application

Date: _____

Full Name: _____ Date of Birth: _____

Address: _____

City:_____ State: _____ Zip Code:_____

Primary Phone: _____ Other Phone: _____

E-mail Address: _____

Best Method to Contact You: ☐ Call ☐ Text ☐ Email

The following information is only for those under the age of 18

Parent's Name: _____ Parents Phone: _____

Junior Volunteer Requirements

FCDACS Volunteers must be at least 15 years old. Junior Volunteers are defined as volunteers who are between the ages of 15 and 17. Every volunteer must attend an orientation and interview before scheduling hours. All junior volunteers must demonstrate the ability to act responsibly and to follow rules and guidelines.

Parent Signature: _____ Date: _____

Availability

FCDACS is open Monday, Wednesday, Friday 9 am – 5 pm, Tuesday & Thursday 11 am – 7 pm & Saturday 8 am – 4 pm.
Please let us know your availability to ensure we can meet your needs.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

☐ *If you are Court-Ordered to complete community services, please check this box.*

Interests

Please indicate which areas you are interested in below. Please note that your help is not limited to these options, and we are always open to hearing new ideas.

☐ **Assist in Office (15 years +)** ☐ **Events (16 years +)** ☐ **Cleaning (16 years +)**

☐ **Walking/Outside Supervision (18 years +)** ☐ **Grooming/Bathing (16 years +)**

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Emergency Contact

Please provide the following information in case of an emergency

Name: _____ Primary Phone:_____

Secondary Phone: _____ Relationship: _____

Background Information

Please provide accurate and honest information

Have you ever been convicted of a felony? ☐ Yes ☐ No

If yes, please list the county where the conviction was, what the charge was, and what year:

_____

_____

Have you volunteered at other shelters before? ☐ Yes ☐ No

If yes, please explain what your duties entailed:

_____

_____

_____

_____

If not, what other experience do you have with working with dogs?

_____

_____

_____

_____

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Agreement & Signature

By submitting this application, I affirm that the above information is true and complete. I understand that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by me on this application may result in my immediate dismissal. By signing this application, I also agree to follow all FCDACS policies and procedures should I be chosen as a volunteer. My signature also documents that I understand volunteers are not eligible for compensation or any other benefits from the Fairfield County Dog Adoption Center and Shelter or Fairfield County.

Printed Name: _____

Signature: _____ Date: _____

It is the policy of this organization to provide equal opportunities without regard to race, color, religion, national origin, gender, sexual preference, age, or disability.

****Please note that training will be required before you can work hands-on with our dogs, regardless of your previous experience.**

Thank You for your interest in volunteering with us!