



Franklin County Animal Control
Volunteer Application Form

Name: _____
 Prefer to be called: _____
 Address: _____
 Mailing address (if different): _____
 City: _____ Zip: _____ State: _____
 Phone: (Home) _____ (Office) _____
 Email: _____

Contact in emergency:
 Name: _____ Relationship: _____ Phone: _____

How did you hear about us? _____

I. Skills and Interest

1. Education background: _____
2. Current occupation: _____
3. Hobbies, skills, interests: _____
4. Have you had any formal education in animal care or animal welfare?: _____

If so, please List:

5. Volunteer goal (reason): Please circle all that apply.

- | | | | | |
|---------------|-----------------------|---------------|---------------------------|--------------------|
| School Credit | Internship | Socialization | Seasonal | Resume Enhancement |
| Court ordered | Corporate Sponsorship | Outreach | 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:

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

<input type="checkbox"/>	Working as an adoption counselor	<input type="checkbox"/>	Providing education services to public
<input type="checkbox"/>	Working directly with animal care staff	<input type="checkbox"/>	Doing public speaking, fundraising, etc
<input type="checkbox"/>	Performing general office duties	<input type="checkbox"/>	Working at public events, i.e. rabies clinics, adoption events
<input type="checkbox"/>	Doing research, training or projects	<input type="checkbox"/>	Working directly with animals as caretaker
<input type="checkbox"/>	Photography, video work, marketing materials	<input type="checkbox"/>	No preference

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? Please circle the days that apply and indicate times under each applicable day.

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

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

5. Have you ever worked for any animal rights organization? Yes No

If yes, which?:

6. Please list two non-family references that 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#

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.

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? No Yes

Please note, your refusal to do so may exclude you from consideration for some or all types of volunteer activities without organization.

By signing below, I confirm that I have never been convicted of animal cruelty, neglect or abandonment in this state or any other.

Signature: _____ Date: _____