



CITY OF NEWPORT BEACH
ANIMAL SHELTER
VOLUNTEER APPLICATION

Name: _____ Home Phone: (____) _____

Home Address: _____ Cell Phone: (____) _____

City, State, Zip: _____ Email: _____

CA Driver's Lic. #: _____ Exp. Date: _____ - _____ - _____

Emergency Contact: _____ Phone: (____) _____ Relation: _____

Can this person provide transportation for you
in case you are injured and require urgent care? Yes No

If not, please provide one that can: _____ Phone: (____) _____

Are you willing to volunteer at least one three-hour shift per week
and provide a one-year commitment? Yes No

Please check the days that you are available on a weekly basis:

	Mon	Tue	Wed	Thu	Fri	Sat	Sun
8:30 am - 11:30 am	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Do you have any experience volunteering? Yes No

If yes, when? _____ For what organization? _____

List any skills/talents you have that would be helpful in determining placement with volunteer duties:

Are there any limitations that may affect your ability to volunteer?
(e.g., allergies, scheduling, physical conditions?) Yes No

If yes, what? _____

Describe any formal education, experience, and training you have for working with animals:

List any animal welfare organizations to which you belong or with which you are affiliated:

Which volunteer duties would you be interested in performing?
(Check all that apply.) Dog Walker Cat Care Rabbit Care

Do you currently own any dogs? Yes No

If yes, what breed(s)? _____

What are your thoughts on euthanasia?

Can you volunteer at this agency knowing that some animals may be euthanized? Yes No

Where did you learn about the opportunity to volunteer at our facility?

Have you ever plead "guilty" or "no contest" to any criminal offense, or been convicted of a crime? Yes No

If yes, list conviction(s): _____

Do you currently have health insurance? Yes No

Is your tetanus vaccination current? Yes No

PLEASE READ BEFORE SIGNING: I certify that statements made on this application are true and correct to the best of my knowledge. I understand that any false statements or omission of material information may subject me to termination if I am subsequently hired.

I wish to participate as a volunteer with the City of Newport Beach Animal Shelter. I understand that the information provided may be verified, and I give permission to the City of Newport Beach to make inquiry of my references concerning my suitability to act as an Animal Shelter Volunteer. I realize that filling out this application in no way guarantees my placement with the Animal Shelter. I also understand that to be placed as a volunteer, there is a 30-day probationary period and this volunteer assignment requires verification of a current tetanus vaccine, prior to being placed as a volunteer. I also grant the City of Newport Beach permission to use my likeness, voice, and words in television, radio, file, or in any form to promote the activities of the Newport Beach Animal Shelter.

Signature: _____ Date: _____

FOR OFFICE USE ONLY

Tetanus Vaccination on file Valid Driver's License Health Insurance on file

Exp. Date: _____ Number: _____ Provider: _____

Exp. Date: _____ Exp. Date: _____

Fingerprinting

Performed by: _____ Date: _____

Date returned from Records: _____ Results: _____