



CITY OF NEWPORT BEACH  
**ANIMAL SHELTER**  
**VOLUNTEER APPLICATION**

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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:

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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:

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

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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?

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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?

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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: \_\_\_\_\_