

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Information

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ City/zip: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell/home phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email (required): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

emergency contact name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ phone number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*If 13-17 years of age please list parents or guardian who will be completing the volunteer process and accompanying you during your shift as your emergency contact.**

Reason for Volunteering

have you ever volunteered or worked for an animal organization? \_\_\_\_\_\_yes \_\_\_\_\_\_no

if so, please explain: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

please explain briefly what you hope to gain by volunteering at lacac:

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how did you hear about this volunteering opportunity?

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Availability

\_\_\_\_\_\_\_ am shift 8:30am – 11:30am \_\_\_\_\_\_\_ pm shift 1:30pm – 4:30pm

\_\_\_\_\_Sunday \_\_\_\_\_tuesday \_\_\_\_\_wednesday \_\_\_\_\_thursday \_\_\_\_\_friday \_\_\_\_\_saturday

have you been referred to lacac to complete community service hours for your school? \_\_\_no \_\_\_yes

if yes, please note your school: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ #hours: \_\_\_\_\_\_ date due: \_\_\_\_\_\_\_\_\_\_

\*please note that court-ordered community service cannot be accomodated through this volunteer program.

Special Skills or Qualifications

please list any physical, mental, or medical limitations we should be aware of in order to best place you into a volunteer position. failure to accurately disclose this information will be cause for dismissal: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Volunteer Positions

* **Back of House:** The center of all the action in the shelter! Help with dishes, laundry, KONGS and hot dogs!
* **Canine & Customer Care**: *Assist members of the public looking to adopt a new canine companion.*
* **Critter Team**: Provide care (cleaning, feeding and out-of-cage play time) to the variety of small animals (rabbits, birds, guinea pigs, etc).
* **Dog Training/Walking**: Walk dogs on leash in our fenced exercise yard, provide training and socialization to increase adoptability during the animals’ stay at our shelter; help with laundry and dishes
* **Event Team**: Participate in community events in our community to promote the work of the Longview Adoption Center and to adopt out animals in need of new permanent and loving homes
* **Feline & Customer Care:** *Assist members of the public looking to adopt a new feline companion.*
* **Foster Care:** Provide a temporary home to animals who need a bit of time and extra TLC before being made available for adoption and going to their new homes.

This application is the first step in a process towards becoming a volunteer for the Longview Animal Care and Adoption Center. All volunteers must attend an orientation, pass a state of Texas background check, and complete all required training before becoming official members of the volunteer team.

I understand background inquiries will be made and should investigation at any time disclose any misrepresentation or falsification, my application may be rejected or I may be dismissed from service at LACAC. I certify that all information included on this application is true and complete to the best of my knowledge and belief. I also understand that LACAC can remove me from volunteering at their discretion.

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Signature of Applicant Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Parent or Guardian (if under 18) Date