

**DELTA COUNTY ANIMAL SHELTER
VOLUNTEER APPLICATION**

Please Print

Date of Application: _____

First Name: _____ M.I. _____ Last Name: _____

Other Names Previously Used: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Ph: _____ Work Ph. _____

Date of Birth: _____ Email: _____

Do you have any pets of your own? _____ If so, what kind? _____

Have you ever volunteered at an Animal Shelter before? _____

Do you have any special needs? _____

How many days or hours per week/month would you be able to volunteer? _____

What would be the ideal volunteer schedule for you? _____

Do you have any skills you would be willing to utilize at the shelter? For example: computer skills, public relations, accounting skills, building maintenance, etc. _____

Why do you want to volunteer at the Delta County Animal Shelter? _____

Our shelter humanely euthanizes animals that we know to be seriously sick or injured and in pain. We also euthanize animals determined to be dangerously aggressive toward people and/or other animals. These decisions are extremely stressful and a heartbreaking part of our responsibility. Individuals who cannot support humane euthanasia should not join our volunteer program.

In case of an emergency, notify: _____

Relationship: _____ Home Ph. _____ Work Ph. _____

Physician: _____ Phone No. _____

Waiver of Liability

I understand I will be doing volunteer work for the Delta County Animal Shelter, and I do hereby knowingly, freely, and voluntarily waive my right or cause of action of any kind whatsoever arising as a result of such activity from which my liability may or could accrue against the Shelter or its agents or employees jointly and individually. I fully recognize the possible dangers associated with the work of the Delta County Animal Shelter and I freely consent to this waiver.

Signature: _____ Date: _____