

# Seminole County Animal Services

232 Eslinger Way

Sanford, FL 32773

## Volunteer Program Application

Diane Gagliano, Program Coordinator

407-665-5208 dgagliano@seminolecountyfl.gov

### GENERAL INFORMATION

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Nickname: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_ Work Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_ Do you have transportation?  Yes  No

### EXPERIENCE

Current Occupation: \_\_\_\_\_ Employer: \_\_\_\_\_

Special training, knowledge, and resources that may be used as a volunteer: \_\_\_\_\_

Please list the dates and locations of your most recent volunteer experience: \_\_\_\_\_

What is your goal as a volunteer? \_\_\_\_\_

Please check the times that you are available to work as a volunteer

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## VOLUNTEER PREFERENCES

As a Seminole County Animal Services volunteer, you may be given a specific assignment, a special project or both. While we have needs for volunteers in many areas, we attempt to place you where your skills will be best utilized. Please rate your interest by placing a number (#1 is your highest preference) to the left of the activity in which you are interested. **NOTE: TRAINING MAY BE REQUIRED BEFORE YOU START WORK IN MANY OF THE POSITIONS.**

	<b>OFFICE WORK:</b>	Filing, computer work, copying, sorting, stapling, packet assembly, and research
	<b>GREETER:</b>	Greet customers coming into Animal Services, answer questions and guide them to correct location
	<b>ADOPTION COUNSELOR:</b>	Meet with prospective new pet owners and help them select the RIGHT animal for their family
	<b>TRAINER:</b>	Help our shelter dogs learn basic manners and commands
	<b>BEHAVIOR EVALUATION:</b>	Evaluate dogs on temperament to better help them find the right home
	<b>GROOMER:</b>	Bathe, brush, clip nails and fur so the dogs and cats look wonderful for adoption
	<b>POOPER SCOOPER:</b>	Assist with cleaning the dog runs and cat cages
	<b>TURN-OUTS:</b>	Let the dogs out and spend some quality time with each of them
	<b>LOST PET GUIDES:</b>	Assist owners in finding their lost pets
	<b>NEWSLETTER:</b>	Assist in developing and creating a quarterly Animal Services newsletter
	<b>PETFINDER, PET PHOTOGRAPHY:</b>	Photograph and write descriptions of animals to be featured for adoption flyers, petfinder and facebook
	<b>SPECIAL EVENTS:</b>	You don't have the time to come in regularly, but want to work special events like the Adopt-a-thon and Home 4 the Holidays
	<b>FOSTER CARE:</b>	Provide temporary housing and care for shelter animals at your home
	<b>WHATEVER:</b>	Willing to help with whatever we need help with on that particular day!

## EMERGENCY CONTACTS

Emergency Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Medical/Physical Limitations: \_\_\_\_\_

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that I am a volunteer and that position in no way implies that I have or will have employment with Seminole County Animal Services. I agree to abide by the rules in the volunteer handbook and stated by the volunteer coordinator and shelter staff. Not doing so can result in my termination from the volunteer program.

I understand that that Seminole County Animal Services is a county- run facility and the number of animals taken in here is great. I understand that euthanasia is performed at this facility on an as needed basis and I will not interfere with that process.

Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

OFFICE USE



Interview Comments:

Notes:

Was this applicant placed?       Yes     No

Date Assigned:

Date of Training/Orientation:

Volunteer Coordinator Signature: