



## Cumberland County Animal Shelter (CCAS) Volunteer Application

**THANK YOU** for your interest in volunteering with the Cumberland County Animal Shelter! Without the help of dedicated, trained volunteers, many shelter animals would be less adoptable and have greater difficulty fitting into their new homes once they are chosen to be someone’s new family pet. Our volunteers must receive initial and periodic training and updates concerning our policies and procedures and agree to support our mission, staff, and requirements to be accepted into our program. There are many expectations placed upon volunteers while they contribute as a member of our valuable support team system. Not all who come on board will be asked or wish to remain. Be sure to think carefully about whether or not you can handle the close, physical, and emotional work involved in caring for an animal’s social or physical needs without having any say in the home or group to which the animal is adopted or its eventual outcome. Responsible public animal shelters and private adoption groups do have to humanely euthanize animals periodically, and for a variety of reasons. While you will not be personally involved in that procedure, and will not witness it at our shelter, you need to know that it is done by necessity for a variety of reasons.

NAME: \_\_\_\_\_ ADDRESS: \_\_\_\_\_  
PHONE: \_\_\_\_\_ PHONE 2: \_\_\_\_\_  
EMAIL: \_\_\_\_\_ FACEBOOK: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**CHECK ONE:**      I am at least 18 years old

I am under 18. I have a parent or legal guardian who has agreed to accompany me to all assigned days if I am selected to be a volunteer. I can provide written proof of legal guardianship. The PARENT or LEGAL GUARDIAN (circle one) who has agreed to accompany me regularly is:

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ EMPLOYER: \_\_\_\_\_

**EMERGENCY CONTACT (ALL APPLICANTS):**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ ADDRESS: \_\_\_\_\_



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1. How did you learn about this volunteer program?

- Volunteer Brochure     Shelter Facebook page     Other: \_\_\_\_\_
- Visit to the shelter     Friend / Current Volunteer: \_\_\_\_\_

2. With which, if any, other public or private non-profit animal shelters or rescue groups have you worked with in the **past**? (Please list all)

\_\_\_\_\_

\_\_\_\_\_

3. Are you **currently** working with any other shelters or animal rescue groups?

- Yes     No

- a) Which shelters/groups? \_\_\_\_\_
- b) Name of person in authority there who can give a reference: \_\_\_\_\_
- c) Have you ever been asked to leave or been terminated from a paid or volunteer position working with animals? \_\_\_\_\_
- o If yes, what were the circumstances? \_\_\_\_\_

4. Have you ever been convicted of or are you currently charged with any crime related to child or animal abuse, neglect, endangerment, and/or abandonment? \_\_\_\_\_

5. In the space below, please provide information on two local, adult references who can confirm your personal commitment to providing responsible care to animals:

1)	_____			
	Name	Employer	Relationship	Phone
2)	_____			
	Name	Employer	Relationship	Phone

6. Do you have pets now? If yes, how many and what type? (cats/dogs/other, etc)

\_\_\_\_\_

\_\_\_\_\_



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7. Are all of your family pets spayed or neutered? If no, please explain:

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8. Are they up to date on all vaccines? If no, please explain:

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9. Having read the job description for Shelter Volunteer, do you see any essential task or physical requirement that you will not be able to perform or meet for any reason? If yes, please specify: \_\_\_\_\_

10. Please check the volunteer opportunities below for which you would like to be considered:

- Cat Socializer/Groomer     Kennel Cleaning     Local Animal Transport  
 Dog Socializer/Walker     Cat Room/Condo Cleaning     Dog Bather/Groomer  
 Laundry/Pet Dishes/Litter Pans     Foster – **short** or **long term** (circle one or both)  
**CATS** or **DOGS** (circle one or both)

11. With which animals listed below would you be most comfortable working? Check all that apply:     **Kittens**     **Puppies**     **Cats**     **Dogs (Small/Medium)**     **Dogs (Large)**

12. List any other areas of interest that may not be listed above:

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13. Volunteers are scheduled for no more than two days in any week. Which of the following days best work for you? Select 1-2 days only. When you check the boxes, note which day is your first choice and which day is your second choice, this helps us to schedule those who may be selected to volunteer. NO Volunteers **Wednesday** or **Sunday**.

- Monday                       Thursday                       Saturday  
 Tuesday                       Friday



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14. Hours of assignments depend on your areas of interest (checked above) and availability.
- a) If you are assigned to clean the dog kennels or cat rooms/condos, are you available to work between 7:30 am and 10 am?  Yes  No
  - b) If assigned to socialize/walk dogs or socialize cats, which two-hour shift would you prefer?  10 am – 12 noon  12 noon – 2 pm
  - c) If you are assigned to perform laundry/dish/litter pan washing duties, which shift would you be able to work?  10 am – 12 noon  12 noon – 2 pm
  - d) Dog bathers/groomers are needed to bathe and trim nails. Do you have the ability to perform one or both of these tasks for dogs in need one day per month?  Yes  No
  - e) If you have an interest in working with cats, would you say you also have the skills necessary to brush a cat's fur to remove tangles and or mats?  Yes  No
  - f) Would you be comfortable trimming cats' claws?  Yes  No

15. If you indicated an interest in helping to transport animals to and from veterinary office appointments or to regional animal rescue groups to whom the animals are being released, please answer the following:

- a) Do you possess a valid Tennessee driver's license?  Yes  No  
License # \_\_\_\_\_
- b) Do you have your own reliable transportation?  Yes  No  
License Plate: \_\_\_\_\_
- c) Do you have any points against your driving record?  Yes  No
- d) You will need to provide proof of registration. You will also be required to provide proof of current car insurance **every 6 months** for our records.

Car Insurance Carrier: \_\_\_\_\_



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### Waiver and Release

I hereby certify that the facts set forth in the above volunteer application are true and complete to the best of my knowledge and I authorize Cumberland County to verify the accuracy and to obtain reference information on my character. I hereby release Cumberland County from any and all liability of whatever kind and nature which, at any time, could result from obtaining and making a volunteer appointment decision based on such information.

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Volunteer Signature

Date

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Parent/Legal Guardian Signature (Volunteers under age 18)

Date

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Witness Signature

Date