

# VOLUNTEER APPLICATION FORM

STAMFORD ANIMAL CONTROL CENTER

201 MAGEE AVE., STAMFORD, CT 06902/TELEPHONE (203)977-4437

APPLICATION DATE \_\_\_\_\_

Name \_\_\_\_\_ DOB \_\_\_\_\_ DL# \_\_\_\_\_

Address \_\_\_\_\_ City & Zip \_\_\_\_\_

Phone #'s: Home (\_\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_\_) \_\_\_\_\_ Work (\_\_\_\_\_) \_\_\_\_\_

E-mail address (required):

Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone # (\_\_\_\_\_) \_\_\_\_\_

Why are you interested in volunteering at the shelter? \_\_\_\_\_

Do you currently have pets? \_\_\_\_\_ No \_\_\_\_\_ Yes If yes: How many? \_\_\_\_\_

What type/breed/age? \_\_\_\_\_

How long have you had them? \_\_\_\_\_

How did you get your pet(s)? \_\_\_\_\_

Please describe your experience with domestic animals: \_\_\_\_\_

Do you have special talents, skills, or training in handling domestic pets? \_\_\_\_\_

Do you have a health/medical situation that would be affected by working at the shelter? \_\_\_\_\_ No \_\_\_\_\_ Yes

If yes, please explain: \_\_\_\_\_

Please indicate below the time(s) you are available to volunteer:

	MON	TUES	WED	THURS	FRI	SAT	SUN
TIME							

**Please read below and sign:**

Stamford Animal Control Center assumes no responsibility or liability for any injury sustained while working with Stamford Animal Control Center and its animals. Stamford Animal Control Center reserves the right to refuse volunteer privileges at its discretion.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date