

**STAFF ONLY**  
**(Please initial):**

ID Verified \_\_\_\_\_  
 DL# \_\_\_\_\_  
 CHAM \_\_\_\_\_

Background Check  
 Cleared \_\_\_\_\_

SUMMIT COUNTY  
 ANIMAL CONTROL AND SHELTER  
 P.O. Box 5225  
 Frisco, CO. 80443



**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Name \_\_\_\_\_

Physical Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip Code \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

In case of emergency, please notify:

Name/Relation \_\_\_\_\_

Home Phone \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

\*\*\*\*\*

Are you a minor under the age of 18? (Circle one) Yes No If yes, you MUST have your parent or legal guardian sign on the signature line.

\_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Parent Signature

Print Name

Date signed

**NOTE - Children under the age of 14 must be accompanied at all times by an adult, at orientation, training, interview and during actual volunteering.** An adult may only accompany one child under 14 at a time except by special arrangement in advance.

**COMMUNITY SERVICE - If you have a court order to perform community service you need to see front desk staff – volunteering cannot be part of your community service work hours.**

Please note if you have any form of health insurance coverage: Yes No

Please note the job(s) you would like to perform at the shelter:  
 \_\_\_\_\_ Walking, socializing dogs \_\_\_\_\_ Socializing cats \_\_\_\_\_ Other

Are you volunteering as part of a school or academic program requirement? \_\_\_\_\_  
 (i.e. - IB or other academic community service requirement)

What school or institution are you affiliated with? \_\_\_\_\_

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

Please list any previous volunteer experience, or any special skills, abilities, or hobbies that would be helpful at the shelter. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Please describe any and all previous experience you have had working animals. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations, including allergies that would limit your ability to perform the work you will do at the shelter? If so, please describe: \_\_\_\_\_  
\_\_\_\_\_

What are your feelings about euthanasia (causing a humane or painless death of an animal by the injection of a barbiturate)? *Please note that euthanasia is sometimes performed, but volunteers are never directly involved in the euthanasia process.*  
\_\_\_\_\_  
\_\_\_\_\_

What do you believe are some of the biggest problems facing animal shelters today? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list a minimum of three personal references (school program volunteers must include a minimum of one teacher and identify that person as a teacher reference)

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

1. Each volunteer **must attend a General Orientation and a required Dog Class and/or Cat Class prior** to, but not more than 30 days in advance of, beginning your volunteer work. These are held twice monthly at the shelter facility.
2. All **prospective volunteers must complete a personal interview** with the Volunteer Coordinator prior to beginning volunteer work at the shelter.
3. All participants of the IB program or any other **academically supported program MUST check in** at the front desk before beginning work.
5. While we do not ask you to make a specific time commitment to the shelter, we encourage you to **plan to come in weekly**, or as regularly and frequently as your schedule allows.
6. We recommend participants of the shelter volunteer program have their own health insurance coverage before beginning their work as volunteer. Worker's compensation coverage does not apply to volunteers.

**All potential volunteers over 18 years of age are subject to a criminal background check at the discretion of the County. The County reserves the right to deny volunteer opportunities to individuals based upon the results of the background check. Please complete the information below:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date of Birth**

\_\_\_\_\_  
**Dated Signed**

**Thank You! We look forward to your participation in Summit County Animal Shelter's volunteer program. Call 970-668-3230 or view our website at**

[www.co.summit.co.us/animalcontrol](http://www.co.summit.co.us/animalcontrol) for orientation dates and times. Questions? Contact Rick Swain, Volunteer Coordinator, at 970-668-3230 ext 4197.