

**Rock Island County Animal Care & Control
Volunteer Application**

Name (Print) _____

Address _____ City & State _____ Zip _____

Phone _____ Cell _____

Email (helpful for contacting for events) _____

** Age if under 16 _____ Parent/Guardian name _____

I understand that I will need to be with _____ anytime that he/she is volunteering.

**Parent/Guardian signature _____

What are your animal interests? Dogs _____ Cats _____ both _____

I would be interested in helping with . . .

Walking/Exercising Dogs _____ Cat Room _____ Cleaning kennels/exercise pens _____ Adoptions _____

Off-Sight Adoptions _____ Special events _____ Fundraising _____ *Clinic Assistance _____ *Surgical Assistance _____
(*Special training)

What day or days you can help (day & morning or afternoon) _____

What other skills/abilities do you have? For example, typing, computers, marketing, photography, crafting,

animal training (explain) _____

I understand that by volunteering for RICACC that I am helping to care for the shelter animals. I understand that I am responsible for my actions and that I will not hold RICACC responsible for any accidents or incidents with any animal that may occur while I am a volunteer.

Signature _____ Date _____