



ROCK ISLAND COUNTY ANIMAL CARE & CONTROL VOLUNTEER APPLICATION

| | |
|-------------------------|-------------------------------|
| NAME: _____ | YOUR AGE IF UNDER 18 _____ |
| STREET: _____ | |
| CITY, STATE, ZIP: _____ | |
| PHONE: _____ | E-MAIL: _____ |

I am available or prefer to volunteer during the following times:

- | | | | | | |
|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|---------------------------------|
| MONDAY | TUESDAY | WEDNESDAY | THURSDAY | FRIDAY | SATURDAY |
| <input type="radio"/> morning | <input type="radio"/> morning | <input type="radio"/> morning | <input type="radio"/> morning | <input type="radio"/> morning | <input type="radio"/> morning |
| <input type="radio"/> afternoon | <input type="radio"/> afternoon | <input type="radio"/> afternoon | <input type="radio"/> afternoon | <input type="radio"/> afternoon | <input type="radio"/> afternoon |

Please answer the following questions:

| | |
|---|--|
| Do you feel that you can commit to a regular routine? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have any experience working with animals that may help? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have any special skills that would be helpful to our organization? | <input type="radio"/> Yes <input type="radio"/> No |
| Do you have any physical limitations that would effect your volunteering? | <input type="radio"/> Yes <input type="radio"/> No |

I would prefer to work with: Dogs Cats Either

I would prefer to volunteer in the following areas:

| | | | |
|---|---------------------------------------|--|---|
| <input type="radio"/> Administrative | <input type="radio"/> Education | <input type="radio"/> Membership | <input type="radio"/> Special Events |
| <input type="radio"/> Bathing Animals | <input type="radio"/> Feeding Animals | <input type="radio"/> Off-Site Adoptions | <input type="radio"/> Surgical Assistance |
| <input type="radio"/> Cleaning Cages | <input type="radio"/> Fundraising | <input type="radio"/> Publicity | <input type="radio"/> Visit Nursing Homes |
| <input type="radio"/> Clinic Assistance | <input type="radio"/> Foster Animals | <input type="radio"/> Specialized Care | <input type="radio"/> Walking Dogs |

I understand that by volunteering for RICACC that I am helping to care for the animals that the shelter has and in doing so, I am responsible for my actions and that I will not hold RICACC responsible for any accidents or incidents with any animals that may occur while I am a volunteer. I further understand that I am required to read and comply with the policy manuals for volunteers and that my signature constitutes an agreement with such policies.

Signature

Date

| | |
|--|---------------|
| <input type="radio"/> Interviewed <input type="radio"/> Computer | RICACC Staff: |
|--|---------------|