

CITY OF CLEVELAND ANIMAL CONTROL SERVICES

2690 West Seventh Street • Cleveland, Ohio 44113

216/664-3069 (Kennel) • 216/664-2759 (Clinic)



VOLUNTEER APPLICATION

Last Name: _____ First Name: _____

Address: _____

Email: _____ Date of Birth (must be 18 or older): _____

City: _____ State: _____ Zip: _____

Daytime Telephone: _____ Evening Telephone: _____

Are you employed? _____ Employed by: _____

Work Telephone: _____ May we contact you at work? _____

Work Hours: _____

Check one or more areas in which you would like to work:

- | | | |
|---|---|---|
| <input type="checkbox"/> Adoption | <input type="checkbox"/> Literature Distribution | <input type="checkbox"/> General Grooming |
| <input type="checkbox"/> Humane Education | <input type="checkbox"/> Kennel Maintenance | <input type="checkbox"/> Fund Raising |
| <input type="checkbox"/> Promotional Booth Work | <input type="checkbox"/> Adoption follow up (phone) | |

Please also list special skills, such as art, painting, mechanical, carpentry, masonry, etc.

Roughly, what hours would you be available to work?

Have you had any experience working with animals? If yes, please explain: Yes No

Would you be willing to occasionally take part in fund raising projects? Yes No

Have you worked as a volunteer before? If yes, please explain: Yes No

In case of emergency notify:

Name: _____ Telephone: _____

Address: _____

Do you have any health problems or allergies that would limit your volunteer activities?