

Volunteer Application Carroll County Animal Shelter

Date: _____

NAME: _____ SS# _____
First Middle Last

ADDRESS: _____

DOB: _____ Sex: M or F AGE: _____

Home Phone: _____ Cell _____

Pager # _____ Place of Employment/Phone _____

Drivers License # _____ State: _____ Class: _____

Do you have a High School Diploma _____ GED _____ Higher _____
(Diploma/GED Certificate/ or High School Transcript must accompany this application)

Previous Animal Experience: _____

Have you ever been convicted of a crime? Yes _____ No _____

If yes, explain: _____

I understand that I will be required to serve a probationary period as determined by Shelter policy and that I may be terminated at any time during this period. I understand that I must be a minimum of 18 years of age.

I have read the attached document and fully understand and accept all of the requirements for serving as a volunteer with Carroll County Animal Shelter.

I, _____ hereby authorize Carroll County Animal Shelter/Carroll County Sheriff's Office to access any criminal history record information, and driver history pertaining to me, contained in any local, state or federal criminal history files. This authorization allows this search of the files at any time deemed necessary during my service with Carroll County Animal Shelter

Signature/Date

Witness/Date

NOTARY

Date