# SRMT ANIMAL CONTROL SHELTER
# VOLUNTEER APPLICATION

518-358-2272 EXT 287

DATE:_____ HOME #: _____

NAME:_____ MOBILE#:_____

ADDRESS:_____ EMAIL:_____

BEST TIME TO CONTACT YOU:_____

ARE YOU OVER THE AGE OF 18? ☐ YES ☐ NO

WHY DO YOU WANT TO VOLUNTEER AT THE SRMT ANIMAL CONTROL SHELTER?

_____

_____

_____

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE:_____

_____

_____

DO YOU HAVE ANY AFFILIATIONS WITH ANY OTHER ANIMAL SHELTERS OR ANIMAL GROUPS? IF YES, WHO?

_____

_____

DO YOU HAVE ANY SPECIAL SKILLS THAT COULD CONTRIBUTE TO YOUR VOLUNTEER ACTIVITIES
(EG: BILINGUAL, SIGN LANGUAGE, DATA ENTRY PROFICIENCY, GROOMER)?

_____

_____

_____

LIST ANY LIMITATIONS ON WORKING WITH OR NEAR SPECIFIC TYPES OF ANIMALS:_____

_____

PLEASE DESCRIBE ANY ANIMAL RELATED EXPERIENCE. IF YOU HAVE VOLUNTEERED AT OTHER SHELTERS,
PLEASE LIST THE SHELTERS:

_____

_____

_____

WHAT PETS DO YOU OWN? _____

_____

WHAT DO YOU THINK IS THE ROLE SERVED BY THE SRMT ANIMAL CONTROL SHELTER IN THE COMMUNITY?

_____

_____

WHAT WOULD BE YOUR RESPONSE IF A CUSTOMER ASKS IF THE SRMT ANIMAL CONTROL SHELTER IS A NO-KILL FACILITY? PLEASE PROVIDE A FULL EXPLANANTION OF WHAT YOUR RESPONSE WOULD BE:

_____

_____

_____

PLEASE DESCRIBE ANY EXPERIENCE WORKING WITH THE PUBLIC: _____

_____

_____

TIMES AVAILABLE FOR VOLUNTEERING: We ask that you commit to 2 hour time slots on a committed scheduled basis so that we can better coordinate and utilize your talents while you are here:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____ Sunday_____

**FOR OFFICE USE ONLY**

Date Received: _____ Background completed on: _____

Background completed by: _____

Notes: _____

_____

_____

_____

_____

Volunteer Approved: ☐ Yes ☐ No Volunteer #: _____

Reason if Denied: _____

Approved By: _____ Date Approved: _____

Volunteer End Date: _____