



# ADULT VOLUNTEER APPLICATION

## APPLICANT INFORMATION

NAME			BIRTHDATE
FIRST	MI	LAST	
ADDRESS			HOME PHONE
CITY	STATE	ZIP	MOBILE PHONE
EMAIL	EMPLOYER	OCCUPATION	

**NOTE:** A valid email address is required to volunteer.

## PERSONAL REFERENCE

NAME	EMAIL	PHONE

## EMERGENCY CONTACT INFORMATION

1. NAME	RELATIONSHIP	PHONE
2. NAME	RELATIONSHIP	PHONE

## VOLUNTEER INTERESTS

PLEASE RANK YOUR FIRST THREE CHOICES BY PLACING A 1, 2, OR 3 IN THE ASSOCIATED BOXES:

DOG VOLUNTEER

CAT VOLUNTEER

RABBIT VOLUNTEER

OTHER: \_\_\_\_\_

## WEEKLY SHIFTS

ARE YOU AVAILABLE FOR AN ASSIGNED WEEKLY SHIFT FOR THE NEXT 12 MONTHS?  YES  NO

IF SO, PLEASE PROVIDE YOUR FIRST THREE CHOICES FOR A SHIFT, INCLUDING THE DAY OF THE WEEK AND TIME:

1st: \_\_\_\_\_

2nd: \_\_\_\_\_

3rd: \_\_\_\_\_

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PLEASE EXPLAIN WHY YOU WOULD LIKE TO BECOME A VOLUNTEER AT THE IRVINE ANIMAL CARE CENTER (IACC)

HAVE YOU VISITED THE IACC?

YES  NO

DESCRIBE ANY PREVIOUS EXPERIENCE WORKING WITH ANIMALS (E.G. JOBS, CLASSES, PERSONAL PETS, ETC.)

ARE YOU CURRENTLY INVOLVED WITH ANY OTHER ANIMAL CARE OR RESCUE ORGANIZATIONS?

YES  NO

IF SO, WHICH ORGANIZATIONS AND HOW ARE YOU INVOLVED?

HAVE YOU VOLUNTEERED WITH THE IACC IN THE PAST?

YES  NO

IF SO, WHEN?

HAVE YOU EVER BEEN TERMINATED FROM A VOLUNTEER OR PAID POSITION?

YES  NO

IF YES, PLEASE EXPLAIN.

ARE YOU ABLE TO MEET THE *ESSENTIAL SERVICE REQUIREMENTS* FOR THE VOLUNTEER ROLE THAT INTERESTS YOU?

YES  NO  YES, WITH ACCOMODATION; DESCRIBE ACCOMODATION BELOW

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PLEASE LIST ANY SPECIAL SKILLS OR HOBBIES THAT MIGHT CONTRIBUTE TO YOUR VOLUNTEER SERVICE (E.G. FOREIGN LANGUAGE FLUENCY, PHOTOGRAPHY, SEWING, KNITTING, CRAFTING).

DO YOU DO ANY OTHER VOLUNTEER WORK?

YES  NO

IF SO, WITH WHAT ORGANIZATIONS AND IN WHAT CAPACITY?

ARE YOU COMPLETING VOLUNTEER HOURS REQUIRED BY ANOTHER ORGANIZATION (E.G. SCHOOL, COURT MANDATED OR DIVERSION PROGRAM, ETC.)?

YES  NO

IF YES, PROVIDE INFORMATION ABOUT HOW MANY HOURS ARE REQUIRED AND WHAT PROGRAM IT IS FOR:

DO YOU HAVE ANY PETS?

YES  NO

HOW MANY, AND WHAT TYPES OF PETS ARE THEY? ARE THEY SPAYED OR NEUTERED?

WHILE THE IACC MAKES EVERY EFFORT TO ADOPT OUT THE ANIMALS, SOME MAY BE DEEMED UNADOPTABLE DUE TO MEDICAL, BEHAVIOR OR MENTAL/EMOTIONAL PROBLEMS. AN ANIMAL DEEMED UNADOPTABLE WILL BE EUTHANIZED HUMANELY. WILL YOU BE ABLE TO VOLUNTEER KNOWING THAT THE IACC DOES EUTHANIZE ANIMALS?

YES  NO

OUR MEDICAL TEAM MAKES CARE DECISIONS FOR THE ANIMALS ACCORDING TO PROTOCOL, BEST PRACTICES, AND THEIR BEST PROFESSIONAL JUDGEMENT. HOW DO YOU THINK YOU MIGHT RESPOND IF THEY MAKE A DECISION THAT IS DIFFERENT THAN WHAT YOU WOULD PREFER OR FROM WHAT YOU THINK YOUR PRIVATE VETERINARIAN MIGHT DO?

DID A CURRENT VOLUNTEER RECOMMEND YOU TO THE IACC?

YES  NO

IF YES, PLEASE LIST THEIR NAME SO THAT WE MAY THANK THEM:

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## VOLUNTEER AGREEMENT

I give permission to the City of Irvine staff to check the reference that I have listed and verify any information given above.

I certify that the facts set forth in the volunteer application are true to the best of my knowledge.

I understand that any falsification, misrepresentation or concealment of information on this application is sufficient grounds for immediate discharge and the City of Irvine shall not be liable in any respect if my volunteering is so denied or terminated.

I understand that I donate my services to the Irvine Animal Care Center (IACC) without contemplation of compensation or future employment. The relationship between a volunteer and the IACC must be one of mutual benefit. The IACC is not obligated to accept or retain any person who volunteers his or her service. Volunteers serve at will.

I agree to conduct myself with dignity, professionalism, courtesy and consideration of others.

I understand that based on performance and/or conduct my volunteer role may be reassigned by staff.

I understand that I am not authorized to make operational decisions or to act on behalf of the IACC to any other organization or agency.

I understand that some animals are euthanized at the IACC for reasons of health or behavior, and the determination to euthanize is strictly a staff decision and responsibility.

I authorize the City of Irvine to use my photograph, likeness and video footage of me for promotional purposes.

I understand that my volunteer service may be terminated at any time the volunteer department deems my volunteer service contrary to the best interests of the IACC.

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE