



Santa Rosa County Animal Services

Dale Hamilton, Director
4451 Pine Forest Rd., Milton, FL. 32583

Phone (850) 983-4680 / Fax 983-4686

VOLUNTEER APPLICATION (18 years of age and older)

Thank you for your interest in volunteering with Santa Rosa County Animal Services. The information on this form will help us determine your suitability for volunteering with our organization. Please print your responses. Incomplete or illegible applications will not be considered.

Name:		Date: / /	
Home Address:		Apartment	City/State/Zip Code
Home Phone:	Cell Phone:	Email Address:	
Date of Birth:		Occupation:	
Have you had prior animal experience? <input type="checkbox"/> Yes <input type="checkbox"/> No		Please Explain:	
Do you have any special skills or training that might be helpful for the agency or the volunteer program?			
In which animal-oriented organizations do you currently hold membership?			
Have you ever had to turn a pet in to a shelter? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please describe the circumstances:			

Santa Rosa Animal Services is an open admission shelter and does have to euthanize animals for health/safety and space concerns. What is your opinion on Shelters having to euthanize animals?

Listed are the most common duties for volunteers. Is there anything on this list that you would prefer not to do?

_____ Kennel Work	_____ Sweeping/mopping	_____ Separate Newspapers
_____ Washing Dishes	_____ Wash/Grooming Dogs	_____ Moving Donations to back
_____ Laundry	_____ Fill Water Bowls	_____ Office Work (Occasionally)
_____ Dog Walking	_____ Cat Petting	_____ Special Events

Are you able to perform the volunteer duties without any accommodations?

Yes No If not, what type of accommodations would you need? Please explain:

How did you hear about volunteering with our organization?

Adopter Internet Friend Advertising Other (please specify)

Please indicate the day and time you would be available.

MONDAY _____	FRIDAY _____
TUESDAY _____	SATURDAY _____
WEDNESDAY _____	SUNDAY _____
THURSDAY _____	WHENEVER NEEDED _____

Return to:
Santa Rosa County Animal Services
4451 Pine Forest Rd
Milton, FL 32583
Fax: (850) 983-4686

Volunteer Waiver

In signing this statement, I understand and agree to the following:

I, _____, agree to abide by the policies and procedures explained to me by Santa Rosa County Animal Services (SRCAS) during a volunteer activity and/or training period. I agree to serve as a member of the volunteer team at the discretion of SRCAS and I will abide by the appropriate rules and regulations that apply to SRCAS employees. I give my consent to SRCAS to provide my name, voice and/or photograph, or that of any pet I own or care for, to the media in connection with advertising, programming or promotional activities for SRCAS. I understand that I will receive no compensation for giving this permission. I agree to hold harmless Santa Rosa County Animal Services, Santa Rosa County, the City of Milton and any of its agents, employees, directors, and insurance carriers from all actions, claims of every nature, damages or judgments in matters relating to my service as a SRCAS volunteer. This includes, but is not limited to, personal injury.

Date: _____ Your Signature: _____
 Witness: _____

Emergency Notification

Please provide the name, address, and telephone numbers of the person to reach in case of an emergency involving you:

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Person's relationship to you: _____

Person's home phone number: _____ Work number: _____