

## ACAPL Volunteer Application

### Personal Information

Name: \_\_\_\_\_ Age: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

Are you over 15 years of age? (Volunteers younger than 15 years of age must be accompanied by a responsible adult) YES NO

### Emergency Contact Information

Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Relationship to applicant: \_\_\_\_\_

### Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Evening	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various/Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



### Interests

Please check which position(s) you are interested in:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Dog Walking/Cat Cuddling            | <input type="checkbox"/> Education Presentations | <input type="checkbox"/> Foster                |
| <input type="checkbox"/> Special Events                      | <input type="checkbox"/> Fundraising             | <input type="checkbox"/> Phone Operations      |
| <input type="checkbox"/> Shelter Greeter/Adoption Counselor  | <input type="checkbox"/> Grant Writing           | <input type="checkbox"/> Marketing/Newsletters |
| <input type="checkbox"/> Transporting Animals                | <input type="checkbox"/> Rescue Transfers        | <input type="checkbox"/> Board Member          |
| <input type="checkbox"/> Other Shelter Duties (Laundry, etc) |  |  |

List any course work or training which may applicable (i.e. Computer training, first aid, etc.):

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Is your volunteer work to be used towards credit or fulfillment of a school service learning? YES NO

If yes, name of school and teacher: \_\_\_\_\_

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References

Name, Address, Phone and Years Acquainted

- 1. \_\_\_\_\_
- 2. \_\_\_\_\_

Eligibility

Have you ever been convicted of, or pled guilty, no contest or nolo contendere to a felony? If yes, please give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_

Have you ever been charged with a crime and either been placed on court-ordered probation, had adjudication withheld, or entered a pre-trial intervention program? If yes, give details (date, place, offense(s), disposition, etc.): \_\_\_\_\_

Have you ever been a plaintiff or defendant in a civil action for intentional tort(s) (e.g. assault, battery, intentional infliction of emotional distress), or an unlawful employment practice (e.g. sexual or racial harassment)? If yes, identify the alleged intentional tort(s) and/or unlawful employment practice(s), the disposition of the action, and the date of disposition. \_\_\_\_\_

Applicant Acknowledgement and Authorization

I hereby certify that all of the facts and information listed on this application are true and complete. I understand that any false, incomplete or misleading information given by me on this application is sufficient cause for rejection of this application. I also understand and agree that any such false, incomplete, or misleading information discovered on this application at any time once I have started my volunteer service may result in my dismissal. I hereby authorize Ashtabula County Animal Protective League to investigate all statements contained in this application. The undersigned agrees and does hereby release from all liability and hold harmless Ashtabula County Animal Protective League and any of its employees representing or related to the Ashtabula County Animal Protective League. This liability release is for any and all liability for personal injuries including death and property losses or damage in connection with any activity or accommodation of the above mentioned Business. The undersigned does hereby further agree to abide by all the rules and regulations that are presented by Ashtabula County Animal Protective League.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Thank you for taking the time to fill out this application. Once received you will be contacted by the Volunteer Coordinator as soon as possible to schedule an interview and discuss available positions (all volunteer positions require a defined commitment of your time). We look forward to meeting you and appreciate the generous offer of your time and skill.

It is the policy of Ashtabula County Animal Protective League to afford equal opportunity to all employees, volunteers, interns and applicants for employment, volunteer and internship without regard to race, color, religion, gender, national origin, age, disability, veteran status or any other status protected by law. Violation of the rules and regulations set forth by the Ashtabula APL may result in my dismissal.

For office use only: APPROVED DENIED