



# Matanuska-Susitna Borough Animal Care and Regulation Shelter

Address: 9470 E. Chanlyut Circle, Palmer, Alaska 99645  
Phone: (907) 746-5500 Fax: (907) 746-6683

## Volunteer Program Application

Date: \_\_\_\_\_

### Applicant Information .....

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Street Address (if different): \_\_\_\_\_ City: \_\_\_\_\_

Phone: (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

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

Your Date of Birth: \_\_\_\_\_

Are you under 14 years of age?  Yes  No

If yes, then a parent or guardian who has gone through the volunteer training must accompany you while you volunteer.

Name of the parent or guardian: \_\_\_\_\_

Are you under 18 years of age?  Yes  No

Anyone under 18 must also complete a Parent/Guardian Consent Form

### Emergency contact:

Name and Relationship to you: \_\_\_\_\_

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

Street Address (if different) \_\_\_\_\_

Phone (H) \_\_\_\_\_ (W) \_\_\_\_\_ (C) \_\_\_\_\_

Are you hoping to fulfill a court appointed community service requirement?  Yes  No

**Note:** All applicants wishing to complete court appointed community service hour requirements **MUST** contact the Volunteer Coordinator prior to attending orientation.

A preliminary background check will be performed.

Have you ever been convicted of a misdemeanor or felony?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you ever been investigated for an animal-related violation?  Yes  No

If yes, please explain: \_\_\_\_\_



**Experience with Animals** .....

Do you have any pets?  Yes  No

If yes, what kind and how many? \_\_\_\_\_  
\_\_\_\_\_

What is your experience with animal care? List types of animals and duties you performed:

\_\_\_\_\_  
\_\_\_\_\_

List all animals that you are not comfortable around? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have experience with fractious or otherwise difficult animals?  Yes  No

If yes, please elaborate: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Health and Safety** .....

Are you allergic to any animals?  Yes  No

If yes, please list the animal(s) and your reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any chemicals?  Yes  No

If yes, please list the chemical(s) and your reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you allergic to any animal feed ingredients?  Yes  No

If yes, please list the ingredient(s) and your reactions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical or other disabilities that may require special considerations in order for you to perform your volunteer duties?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Continued on back page...**

Thank you for your interest in volunteering at our Shelter!

**Volunteer Applicant**

**MSB Animal Shelter Volunteer Coordinator**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date