



Mat-Su Animal Care Shelter

Volunteer Program Application

Animal Care and Regulation Shelter

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

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

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: _____

Volunteering at the Shelter

What sort of duties are you interested in at the MSB Animal Care Shelter? (check all that apply)

- Working with dogs Working with cats Shelter tidying Emergency/Disaster Volunteer
- Events/Education Vet clinic Kitten/Mom fostering Puppy/Mom fostering
- Other _____

How many hours are you willing to commit to volunteering at the Animal Shelter?

_____ hours/week -OR- _____ hours/month

Availability	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun
Morning							
Afternoon							
Evening							

Why have you chosen to volunteer at the MSB Animal Shelter?

Have you previously volunteered at another Animal Shelter or Rescue group? Yes No

If yes, where? _____

When and for how long? _____

What were your duties? _____

Do you currently volunteer anywhere else?

If yes, where? _____

What is your experience with general customer service (not necessarily related to animal care)?

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:

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, foods or feed ingredients? Yes No

If yes, please list the item(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: _____

Emergency contact:

Name and Relationship to you: _____

Address: _____

Street Address (if different) _____

Phone (H) _____ (W) _____ (C) _____

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