EXAMPLE OF AN APPLICATION TO VOLUNTEER

Animal Adoption Center Youth Volunteer Application
You must be 12-15 years of age and have health insurance to participate.

Please print clearly.

Name:___________________________ Gender (M or F): ___________ Date: ______________

Address:___________________________ City/State:____________________ Zip: ______

Home Telephone: __________ Your Cell Phone: ______________

Email: :________________________________

School Name: ___________________________ Grade Level: ______________

Please answer the questions below:

1. Why do you want to help the Animal Adoption Center?

2. Have you done any volunteering in the past?Yes No
   If so, when?
   Where?

3. What do you hope to learn from your volunteer experiences at the Animal Adoption Center?

4. Which areas of the shelter would you like to work in the most – dogs or cats?

5. Do you have allergies to animals? Yes No If yes, to what? ____________

6. What has your experience been with animals in the past?
   Are you scared of animals?
   Have you ever been bitten?

7. Will you receive community service credit at school or through an organization? Yes No
   If yes, what are the requirements for this project?

8. Do you have any physical limitations and/or learning disabilities that need special accommodations? Please explain.

9. Have you ever been convicted of a crime? Yes No
   If yes, Please explain the offense and level of conviction (misdemeanor/felony).

Go on to the next page...
10. Indicate the days and times you would be available in the box below:

<table>
<thead>
<tr>
<th>Day</th>
<th>Morning</th>
<th>Afternoon</th>
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<tbody>
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<td>Monday</td>
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<tr>
<td>Saturday</td>
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Are you available for the above indicated times for at least six months? Yes  No

The Animal Adoption Center will only accept applications from youth who can attend times for a period of at least six months. If you cannot, please wait and apply when you can attend on a regular basis.

Emergency Contacts Other Than Parent (Please fill out all three):
Name: 
Relationship to Child: 
Home Phone: 
Work Phone: 
Cell Phone: 

Emergency Contacts Other Than Parent (Please fill out all three):
Name: 
Relationship to Child: 
Home Phone: 
Work Phone: 
Cell Phone: 

Emergency Contacts Other Than Parent (Please fill out all three):
Name: 
Relationship to Child: 
Home Phone: 
Work Phone: 
Cell Phone: 

_______________________________________________________________________
Youth Volunteer Signature          Date
_______________________________________________________________________

Print name

_______________________________________________________________________
Parent/Guardian Signature            Date