



Brevard County Animal Care and Adoption Centers

Volunteer Application

Today's Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Work Phone: _____ Cell Phone: _____
(At least one phone number is required)

Email Address: _____ Occupation: _____

May we send you shelter news and volunteer updates by email? Yes No

Are you at least 18? Yes No (if no, parent or legal guardian signature is required)
(If you are between the ages of 13 and 16, you must volunteer with the presence of a parent or guardian.)

Are you a previous Brevard County Animal Care volunteer? Yes No

Education background: High School College Graduate Other

Are you currently a student? Yes No If yes, please provide school name: _____

Grade level: _____

How did you hear about volunteering with us? _____

Are you volunteering to fulfill a court ordered requirement? Yes No

If yes, how many hours are you required to serve? _____

Are you volunteering to fulfill a non- court ordered requirement (i.e. school, work, etc)? Yes No

If yes, how many hours are you required to serve? _____

What pets do you currently have? _____

Please list any previous volunteer experience: _____

Animal related skills or other skills you would like to share: _____

Emergency Contact _____

Phone _____ Relationship _____

What volunteer positions are you interested in?

Animal Caretaker Dog Walker Greeter Special Events (Off-site) Biographer

Animal Transport Maintenance Laundry/Dishes Admin/Clerical

What is your preferred volunteer work schedule?

Hours Available	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning							
Afternoon							
Evening							

Length of time available (i.e. 1 month, 6 months, indefinite, etc): _____

Preferred Location: ___SACC (Melbourne) ___NACC (Titusville)

Law Violation Record

Have you ever been convicted, pled nolo contendere, or had the adjudication of guilt withheld in connection with any criminal offense? __yes __no. If yes, provide details (offense, date, place and disposition) on a separate sheet of paper. *Note: A 'yes' answer to this question will not automatically bar you from volunteering. The nature, job-relatedness, severity and date of the offense in relation to the volunteer position will be considered.*

Read this section carefully before you sign

I certify that each answer to the questions in this application and all other information provided by me is true and correct to the best of my knowledge. I understand that any misrepresentations of facts shall be considered basis for rejection of my Volunteer application or discharge if accepted. I authorize Brevard County to verify information in this application. I understand that a background screening will be conducted as it applies to the volunteer assignment in which I have expressed an interest and I give my consent to the same. I understand that all such information collected during the screening will be kept confidential.

I agree to abide by and comply with all rules, regulations, policies and practices of Brevard County Government and with all procedures established for volunteers. I have read and understand the above.

Applicant's Signature _____ Date _____

Parental Permission *(required for volunteers under age 18)*

I hereby give my permission for my child to participate as a volunteer in the Brevard County Animal Services Volunteer. I have read and understand the above.

Parent/Guardian Signature _____ Date _____

<p>For office use only</p> <p>Interviewed by _____</p> <p>Background screening date completed _____</p> <p>Assignment _____</p> <p>Start date _____ End date _____</p> <p>Reason for leaving _____</p>
