



Mat-Su Animal Care and Regulation Shelter Volunteer Application

To begin volunteering you will need to first:

- 🐾 Complete and return this application, (and parent consent form if under 18)
- 🐾 Complete an interview and pass a background check (provided by the borough)
- 🐾 Attend a one-hour orientation
- 🐾 Complete two training sessions, (each approximately three hours)

Applications can be dropped off or mailed to the Shelter at the address below or faxed to: (907) 746-6683

**Mat-Su Animal Care Shelter
Attention: Program Coordinator
9470 E. Chanlyut Circle
Palmer, AK 99645**

Thank you for your interest in volunteering!



Volunteer Program Application

Animal Care and Regulation Shelter

9470 E. Chanlyut Circle, Palmer, AK 99645

Phone: (907) 746-5500 Fax: (907) 746-6683

Email: animal.care@matsugov.us

Date: _____

Applicant Information.....

First Name: _____ Middle Initial: _____ Last Name: _____

Mailing Address: _____ City: _____ Zip: _____

Physical Address (if different): _____ City: _____

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

Email Address: _____

Your Date of Birth: _____

.....
Are you under 14 years old? Yes No

If you are under 14 then a parent or guardian, who has gone through the volunteer process, must accompany you while you volunteer.

Name of the parent or guardian who will be accompanying you: _____

Note: Anyone under 18 must also have a Parent/Guardian Consent Form completed as well

.....
Are you hoping to fulfill a **Court Appointed** community service requirement? Yes No

All Applicants wishing to complete **Court Appointed** community service hours **MUST** contact the Program 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 Animal Care Shelter? (Check all that apply)

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

In order to maintain your skills and be fulfilled by your volunteer experience, we recommend a commitment of at least four volunteer hours per month.

Availability	Sun	Mon	Tues	Wed	Thur	Fri	Sat
AM							
PM							

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 have 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

Emergency Contact:

Name and Relationship to you: _____

Address: _____

Physical Address: _____

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

Personal References:

All applicants must provide two personal references. Please make sure that the contact information is accurate, as references **will be called**.

Reference 1

Name _____ Relationship _____

Phone _____

Reference 2

Name _____ Relationship _____

Phone _____

Volunteer Applicant

Signature

Printed Name

Parent Signature if under 18

Date

Shelter Program Coordinator

Signature

Printed Name

Date