## **Volunteer Application for the Tracy Animal Shelter**

Date of Application: \_\_\_\_\_

Please provide below information:				
Full Legal Name:	Are you 18	yrs or older? Y	N	
Street Address:	City:	State:	Zip:	
Phone Number:	Alternate Phone Number:			
Email Address:				
Driver's License #:	State:	Are you a US Ci	tizen? Y N	
Fluent Languages:	EST			
The Tracy Animal Shelter Volunteer prog of 12 hours per month.	ram requires that each	Volunteer is able to	complete a minimum	
Are you able to meet this commitment?	Y N If NO, I	how many hrs can you	ı commit to?	
Do you have any physical conditions or dassignments? Y N	iabilities that would lin	nit your ability to pe	rform certain volunteer	
If YES, what accomodations do you need?			<u> </u>	
Current or most recent employer:		AFER	T-rail	
Address:	Pho	one Number:		
Supervisor:	Date of hire or sepa	aration from employ	yment:	
If retired, date of retirement:				
List any special experiences that you feel	would be helpful:			
Have you ever applied for <u>any</u> position in Y N	n law enforcement or a	nimal services prior	to this application?	
If YES, please explain:				

Availability for Volunt	eer Duties (times): Mon	day	
Tuesday -	Wednesday -	Thursday -	
Friday -	Saturday -	Sunday -	
Since your 18th birthough placed on probation?	lay, have you ever been convicted o	of a crime (midemeanor or felony), imprisoned	or
If YES, please state th	e full nature of each offense, date	(s) of conviction and the disposition:	
Offsense:	Date:	Disposition:	
Offsense:	Date:	Disposition:	
Offsense:	Date:	Disposition:	
Has your Driver's Lice	ense ever been suspended or revok	ed? Y N	
If YES, please explain			
Have you ever used ill	egal drugs or substances, regardle	ss if current laws deem them legal, for	
recreational use?	YN	The same of the sa	
	ne drug(s) or substance(s) used and t	he date last used:	
(1/4)			
Please initial the foll	owing		
			ı
	red tasks assigned to me by the stauly finish the job. INITIALS:	ff members and am committed to doing them the	1e
•		on or when they need my help. I will direct the per for questions and answers. <b>INITIALS:</b>	
	t the morning shift starts at 8:00an on and ends at 5:00pm. <b>INITIALS:</b>	n and ends by 10:30am and the afternoon shift	
	ility to keep track of all volunteer heer hours a month. <b>INITIALS:</b>	ours that I complete and complete a minimum —	of
		ackground check which will investigate areas such a and employment references, and any previous drug	
AUTHORITIES OF WHICE CAUSES OF ACTION TH	CH IT IS A MEMBER ("CITY"), FROM	GENTS, OFFICER, VOLUNTEERS, AND JOINT POWANY AND ALL CLAIMS, DEMANDS, RIGHTS AND R WORK WITH THE CITY, EXCEPT DAMAGES SCONDUCT BY THE CITY.	ERS
STATEMENTS CONTAIN INVESTIGATE ANY ANI	NED HEREIN ARE TRUE AND COMPL	O THIS ADMISSION APPLICATION AND ALL OF THE CITY OF TRACY THE CITY OF TRACY THIS APPLICATION. I UNDERSTAND THAT ANY LECT ME TO DISQUALIFICATION.	
Print Name:	Sign:	Date:	