



TRACY POLICE DEPARTMENT

**Tracy Animal Services Division
1000 Civic Center Drive ♦ Tracy, Ca 95376
Voice: 209·831·6364 ♦ Fax: 209·831·6599**

ANIMAL SERVICES DEPARTMENT

2375 Paradise Ave. Tracy, CA 95304
PHONE :(209) 831-6364 FAX :(209)831-6599

**Volunteer Application for the Tracy Animal Shelter
Date of Application: _____**

Please provide below information:

Full Legal Name: _____ Are you 18 years or older? Y N

Street Address: _____ City: _____ State: _____ Zip: _____

Phone Number: _____ Alternate Phone Number: _____

Email Address: _____

Driver's License Number: _____ State: _____

Are you a citizen of the United States? Y N

Fluent Languages: _____

The Tracy Animal Shelter Volunteer program requires that each Volunteer is able to complete a minimum of 12 hours per month. Are you able to meet this commitment? Y N

**If no, how many hours can you commit to?

Do you have any physical condition or disability that would limit your ability to perform certain volunteer assignments? Y N

**If yes, what accommodations do you need? _____

Current or most recent employer: _____

Supervisor: _____ Date of hire or separation from employment: _____

Address: _____ Phone Number: _____

**If retired, date of retirement: _____

"Service, Integrity, Excellence"



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List any special experiences that you feel would be helpful: _____

Have you ever applied for any position in law enforcement or animal services prior to this application? Y N

**If yes, please explain:

Availability for Volunteer Duties (times): Monday-_____ Tuesday-_____

Wednesday-_____ Thursday-_____ Friday-_____

Saturday-_____ Sunday-_____

Since your 18th birthday, have you ever been convicted of a crime (misdemeanor or felony), imprisoned or placed on probation? Y N

**If yes, please state the full nature of each offense, date(s) of conviction and the disposition:

Offense: _____ Date: _____ Disposition: _____

Offense: _____ Date: _____ Disposition: _____

Offense: _____ Date: _____ Disposition: _____

Has your Driver's License ever been suspended or revoked? Y N

**If yes, please explain: _____

Have you ever used illegal drugs or substances, regardless if current laws deem them legal, for recreational use?

Y N

**If yes, please identify the drug(s) or substance(s) used and the date last used:

Please initial the following:

- I will do the required tasks assigned to me by the staff members and am committed to doing them the right way and to fully finish the job. INITIALS: _____
- I will be courteous to the public when asked a question or when they need my help. I will direct the public to the appropriate Animal Services Staff member for questions and answers. INITIALS: _____
- I acknowledge that the morning shift starts at 8:00am and ends by 10:30am and the afternoon shift starts 12:00noon and ends at 5:00pm. INITIALS: _____
- It is my responsibility to keep track of all volunteer hours that I complete and complete a minimum of 12 hours of volunteer hours a month. INITIALS: _____

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- I understand that the volunteer position requires a Police background check which will investigate areas such as your financial history, law enforcement contacts, personal and employment references, and any previous drug use. INITIALS: _____

I HEREBY RELEASE THE CITY OF TRACY, ITS EMPLOYEES, AGENTS, OFFICERS, VOLUNTEERS, AND JOINT POWERS AUTHORITIES OF WHICH IT IS A MEMBER (“CITY”), FROM ANY AND ALL CLAIMS, DEMANDS, RIGHTS AND CAUSES OF ACTION THAT MAY ARISE FROM MY VOLUNTEER WORK WITH THE CITY, EXCEPT DAMAGES CAUSED BY THE SOLE GROSS NEGLIGENCE OR WILLFUL MISCONDUCT BY THE CITY.

I HEREBY CERTIFY THAT I HAVE PERSONALLY COMPLETED THIS ADMISSION APPLICATION AND ALL OF THE STATEMENTS CONTAINED HEREIN ARE TRUE AND COMPLETE. I HEREBY AUTHORIZE THE CITY OF TRACY TO INVESTIGATE ANY AND ALL INFORMATION CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT ANY FALSE OR MISSTATEMENTS OF MATERIAL FACT WILL SUBJECT ME TO DISQUALIFICATION.

Print: _____ Sign: _____

Date: _____