Sonoma County Animal Services
Volunteer Program Application

1247 Century Court Santa Rosa, CA 95403
www.theanimalshelter.org
Please return by email to SCASVolunteers@sonoma-county.org

Volunteer Position(s) of Interest:	**Date:**
First Name:	**Last Name:**
Address:	**Pronouns:**
City:	**State, Zip Code:**
Phone:	**Date of Birth:**
Email Address:	**Languages in which you are Fluent:**
Emergency Contact Name & Relationship	**Emergency Contact Phone:**

Any accommodations needed to volunteer?

How did you hear about our Volunteer Program?

AVAILABLE HOURS PER WEEK	DAYS OF THE WEEK AVAILABLE	LENGTH OF VOLUNTEER TIME	
Can we call on you to volunteer during a County Disaster? YES ☐ NO ☐	☐TUES ☐WED ☐THURS ☐FRI ☐SAT *Volunteer Hours are Tues-Sat 10am-4:30pm The Shelter is closed Sundays & Mondays*	☐ Ongoing ☐ Short Term *Are you interested in Fostering shelter animals?* YES ☐ NO ☐	

TRANSPORTATION

If the position for which you are applying requires driving, please answer the following questions:

Do you have a valid CA driver's license? ☐ Yes ☐ No   Do you have auto insurance? ☐ Yes ☐ No

CA Driver's License #:   Expiration date:

Have you been on probation or has your driver's license been suspended or revoked within the last 5 years?

☐ Yes   ☐ No   If yes, please explain:

ANIMAL EXPERIENCE: *(Please describe any experience working with animals including Dog Training)*

VOLUNTEER GOALS: *(Gain work experience, school credit, contribute to community, etc.)*