



COUNTY OF LOS ANGELES DEPARTMENT OF ANIMAL CARE AND CONTROL VOLUNTEER APPLICATION



Check One: Adult (18 years or older)

*Youth (Ages 16-17)

SECTION 1: PERSONAL INFORMATION

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE
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ADDRESS	CITY	STATE	ZIP
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E-MAIL ADDRESS	EMPLOYER
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HOME PHONE ()	CELL PHONE ()	WORK PHONE ()
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* Signature required of legal parent/guardian or sponsored agency, if applicant is under 18 years of age:

SIGNATURE of LEGAL PARENT/GUARDIAN	RELATIONSHIP	PHONE # ()
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Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, or placed on probation or suspended, or have you forfeited bail in connection with any offence (except for traffic tickets which involved faulty equipment, parking, hand signals or speeding) in any civil or military court of law? Include convictions dismissed under Penal Code 1203.4 and any major traffic offenses resulting in a warrant.

Yes No If yes, please explain: _____

SECTION 2: EMERGENCY CONTACT

LAST NAME	FIRST NAME	RELATIONSHIP
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HOME PHONE ()	CELL PHONE ()	WORK PHONE ()
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SECTION 3: *MEDICAL INSURANCE COVERAGE

Medical Coverage YES NO

** Volunteers are expected to have their own medical insurance coverage. The County of Los Angeles does provide some limited medical coverage. If you do not have Medical Insurance coverage, you may still become a member of our volunteer team.*

SECTION 4: VOLUNTEER INTEREST

Indicate the shelter location where you would like volunteer (CHOOSE ONE):
 AGOURA BALDWIN PARK CARSON CASTAIC DOWNEY LANCASTER PALMDALE

PLEASE SELECT THE DUTY YOU ARE MOST INTERESTED IN DOING AS A VOLUNTEER:

- | | | | |
|----------------------------------------|--------------------------------------|----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Dog Companion | <input type="checkbox"/> Grooming | <input type="checkbox"/> Community Adoptions | <input type="checkbox"/> Shelter Host |
| <input type="checkbox"/> Cat Companion | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Animal Photographer | <input type="checkbox"/> Administrative Services |

SECTION 5: EXPERIENCE & SKILLS

Why did you decide to become a volunteer with the Department?

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List any animal welfare agencies you have volunteered for.

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List any organization or animal rescue groups that you are involved with.

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List your experience in owning or caring for animals.

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Please check all experience or skills you have that will be beneficial in your volunteer service:

- | | | |
|---------------------------------------------------|---------------------------------------------|-----------------------------------------------|
| <input type="checkbox"/> Painter | <input type="checkbox"/> Bathing/Grooming | <input type="checkbox"/> Pet Assisted Therapy |
| <input type="checkbox"/> Fine Artist | <input type="checkbox"/> Landscaping | <input type="checkbox"/> Horses/Livestock |
| <input type="checkbox"/> Licensed RVT/DVM | <input type="checkbox"/> Off Site Adoptions | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Professional Dog Trainer | <input type="checkbox"/> Photography | |

Signature: _____ **Today's Date:** _____