

Chesterfield County Animal Services

467 Goodale Road
Chesterfield SC 29709
843-623-3585

Animal Shelter Volunteer Form

DATE: _____

NAME: _____

ADDRESS: _____

PHONE NUMBER: _____

DATE OF BIRTH: _____

DRIVER'S LICENSE NUMBER: _____

PARENT INFORMATION (IF MINOR): _____

E-MAIL ADDRESS: _____

Have you ever been arrested or charged with a criminal offense pertaining to animal care or welfare? No Yes If yes, explain: _____

PLEASE CHECK THE CATAGORIES BELOW THAT YOU ARE INTERESTED IN ASSISTING WITH

- Work at the shelter to help feed, clean, bathe, and socialize animals
- Adoptions: try to find homes for the animals
- Foster: give an animal a temporary home while they are waiting on permanent homes
- Education: talk to civic groups, schools etc. about pet care, overpopulation etc.
- Fund Raising
- Transporting: carrying animals to and from vet appointments, adoption events etc.

What days and times are you available

Mon am pm **Tues** am pm **Wed** am pm **Thurs** am pm

Fri am pm **Sat** am pm **Sun** am pm

Are you willing to work on Holidays? Yes No

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Volunteer Agreement

I, _____, agree to act as a volunteer for the Chesterfield County Animal Services. I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a volunteer basis **without limitation**. I will not hold the Chesterfield County or Chesterfield County Animal Services responsible for any injury **or accident** that may occur while I am doing volunteer work at the animal shelter. I will report any such accidents or injuries immediately to an employee of Chesterfield Animal Services.

I will abide by the rules, regulations, policies and programs of the Chesterfield Animal Services while I am a volunteer. I agree to assist and to take direction from the Animal Control Services Personnel. I understand

that failure to do so will result in my dismissal as a volunteer.

Signature of Applicant

Date

Signature of Parent/Legal Guardian if applicant is under 18 years

Date