



VOLUNTEER SERVICES APPLICATION

| SECTION A - PERSONAL INFORMATION | | | | | | | | | |
|--|------------------------------------|----------------|----------------------|------------|------------------------------------|-------------------------------|---------------------------------------|--------------------------|-----------|
| Last Name | | | | First Name | | | | Middle Initial | |
| Street Address | | | | | | Phone Number () - | | | |
| City | | | State | | ZIP | | How many years there? Yrs Mths | | |
| Email | | | Birthdate - - | | Drivers License (State and Number) | | | | |
| SECTION B - VOLUNTEER SCHEDULE | | | | | | | | | |
| State hours of availability: | | | | | | | | | |
| <input type="checkbox"/> | Court-Ordered Community Service | Hours Assigned | SUN | MON | TUE | WED | THU | FRI | SAT |
| <input type="checkbox"/> | Voluntary Community Service | | From To | From To | From To | From To | From To | From To | From To |
| SECTION C - VOLUNTEER HISTORY | | | | | | | | | |
| Title | | | | | | From: (MM/YY) | | To: (MM/YY) | |
| Company | | | | | Supervisor | | | | |
| Street Address | | | | | | Phone Number () - | | | |
| City | | | State | | ZIP | | | | |
| Duties | | | | | | | | | |
| Title | | | | | | From: (MM/YY) | | To: (MM/YY) | |
| Company | | | | | Supervisor | | | | |
| Street Address | | | | | | Phone Number () - | | | |
| City | | | State | | ZIP | | | | |
| Duties | | | | | | | | | |
| SECTION D - ACCOMMODATIONS | | | | | | | | | |
| | | | | | | | Yes | No | |
| Do you have, or have you ever had, any physical or mental condition, which may impair or adversely affect your ability to perform certain duties as volunteer? | | | | | | | <input type="checkbox"/> | <input type="checkbox"/> | |
| If so, what accommodations will be needed? | | | | | | | | | |

SECTION E - LIABILITY WAIVERS

Part I - Adult Liability Waiver

I agree to hold the City of Norfolk, Animal Care Center, its agents and assignees harmless for any cost, claim, liability, damage, or injury that may occur as result of volunteering my time and services to the Norfolk Animal Care Center.

| | |
|-----------|----------------|
| Applicant | Date |
| | - - |
| Witness | Date |
| | - - |

Part II - Minor Liability Waiver

I give permission for said child to volunteer their time and services to the Norfolk Animal Care Center. I certify that I am the parent and/or legal guardian of said child and I agree to hold the City of Norfolk, Animal Care Center, its agents and assignees harmless for any cost, claim, liability, damage or injury that may occur as a result of this child volunteering.

| | |
|-----------------------|----------------|
| Parent/Legal Guardian | Date |
| | - - |
| Witness | Date |
| | - - |

SECTION F - EMERGENCY CONTACT

| | | |
|----------------|------------|--|
| Last Name | First Name | Middle Initial |
| Street Address | | Phone Number () - |
| City | State | ZIP |
| | | Relationship |

I have completed this application for the purpose of being considered for a volunteer assignment with the City of Norfolk Animal Care Center and attest to the accuracy of the information provided therein.

| | |
|-----------|----------------|
| Applicant | Date |
| | - - |