

**Calhoun County Animal Shelter, Inc.**

165 South Union Street

Battle Creek, MI 49014

Phone: 269-963-6582 Fax: 269-963-9029

E-Mail: [ccas1101@sbcglobal.net](mailto:ccas1101@sbcglobal.net)

**Volunteer Information**

Please complete the following information to help us know our volunteers. All information will be treated as confidential. We appreciate you!

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

E-Mail \_\_\_\_\_

Person to be notified in case of emergency \_\_\_\_\_

Address \_\_\_\_\_ Telephone No. \_\_\_\_\_

Have you had any experiences with animals? If so please explain. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your interests in volunteering at our animal shelter? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**EDUCATION**

High School and/ or College

Degree/Diploma

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor other than a minor traffic violation? Yes \_\_\_

No \_\_\_ If yes, give details: \_\_\_\_\_

\_\_\_\_\_

If you have worked under another name(s), please indicate: \_\_\_\_\_

If not a U.S. Citizen, give Visa type and Immigration Number \_\_\_\_\_

**Date of Birth** \_\_\_\_ - \_\_\_\_ - \_\_\_\_

My signature below authorizes the Calhoun County Animal Shelter, Inc. or its agent to conduct a background investigation and authorizes release of information in connection with my application for volunteering. I acknowledge that animal behavior can be unpredictable and that by signing this form I hereby release Calhoun County Animal Shelter, Inc. of any/all claims of any kind while volunteering.

Date \_\_\_\_\_ Signature of Applicant \_\_\_\_\_

**\*If applicant is under the age of 18 a legal guardian must also sign\***

Date \_\_\_\_\_ Signature of parent or guardian \_\_\_\_\_