

**Prince George's County ASFAC**  
**3750 Brown Station Road**  
**Upper Marlboro, MD 20772 (301) 780-7200 Ext 6**

**VOLUNTEER APPLICATION**

Date: \_\_\_\_\_

Name \_\_\_\_\_  
(please print)

Are you 18 or older: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Home Telephone: \_\_\_\_\_

Other Phone: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Occupation: \_\_\_\_\_

Valid Drivers License? \_\_\_\_\_

Access to Vehicle? \_\_\_\_\_

Do you have any allergies or physical conditions which might affect your volunteer work? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

In an emergency, please notify: \_\_\_\_\_

Name

Relationship

Address

City/State/Zip

Phone Number

Please list two business or personal references:

Name

Name

Address

Address

Telephone: \_\_\_\_\_

Telephone: \_\_\_\_\_

Relationship: \_\_\_\_\_

Relationship: \_\_\_\_\_

Are you acquainted with any shelter or contract employee? \_\_\_\_\_

If yes, what is the relationship? \_\_\_\_\_

If you are here through a volunteer program (school, etc.) please indicate the following:

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Number of hours you are required to work: \_\_\_\_\_

Parent/guardian signature (if under 18): \_\_\_\_\_

**Training and Experience:**

Have you had any formal education in pet care or animal welfare? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Type of Training? \_\_\_\_\_

Have you done any other volunteer work? \_\_\_\_\_

Where? \_\_\_\_\_ When? \_\_\_\_\_

Type of Responsibilities: \_\_\_\_\_

What kind of experience do you have working with the general public?  
\_\_\_\_\_

Languages in which you are fluent? \_\_\_\_\_

**Skills:** (please check all that apply)

Office/Administrative	_____	Research	_____	Writing/Editing	_____
Public Speaking	_____	Photography/Video	_____	Public Relations	_____
Art/Design	_____	Fund Raising	_____	Computers	_____
Education	_____	Nursing/Caretaking	_____	Legal	_____
Typing	_____	Steno	_____	Other: (specify)	_____

**Placement:** (please check the programs which you believe we could use your skills)

Adoptions Counseling	_____	Volunteer Greeter	_____	Cat/Dog Socializing	_____
Clerical/Office	_____	Dog Walking	_____	Community Outreach	_____
Foster Care	_____	Government Affairs	_____	Humane Education	_____
Publications	_____	Legal	_____	Special Events	_____
Newsletter	_____	Other (specify)	_____		

**Availability:**

When are you available for orientation and training? \_\_\_\_\_

When are you available for volunteer work?

Morning: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Afternoon: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

Evening: Mon \_\_\_\_\_ Tues \_\_\_\_\_ Wed \_\_\_\_\_ Thur \_\_\_\_\_ Fri \_\_\_\_\_ Sat \_\_\_\_\_ Sun \_\_\_\_\_

AGREEMENT FORM:

The agreement below details what will be expected of you, and what you can expect from the Animal Services Division.

If accepted as an ASD Volunteer, my signature below indicates that I have read, understand and agree to the following:

- I will abide by all ASD rules, policies, and procedures.
- I agree to be supervised by the Volunteer Coordinator or designee and will directly report to the Volunteer Coordinator with any problems that arise.
- I agree to work a minimum of 4 hours per month unless I am terminated from the program.
- I authorize ASD to seek emergency medical treatment in case of accident, injury or illness. If I am injured while acting as an unpaid member of the volunteer staff, I am covered by the Maryland Workmen's Compensation Laws.
- If I fail to abide by the terms of this agreement or am otherwise unable to meet program requirements, I will be terminated from the program.
- I agree to indemnify and hold harmless Prince George's County from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by the Prince George's County Government.
- I understand that I may at any time, with or without cause, be removed from my position as a volunteer at the sole discretion of the Animal Services Division.

\_\_\_\_\_  
NAME – PLEASE PRINT

\_\_\_\_\_  
Date

\_\_\_\_\_  
SIGNATURE

ASD pledges to work hard to make your service with us rewarding. As such, you have our commitment to the following:

- To be treated as a co-worker, not "just as free help."
- To a suitable assignment with consideration for personal preference, temperament, life experience, education and employment background.
- To know as much as possible about the Animal Services Facility and Adoption Center and its policies, people and programs.
- To thoughtful training and continuing education, as well as new developments, and training for greater responsibility.
- To sound guidance and direction by someone who is experienced, well-informed, patient and thoughtful.
- To be heard, to feel free to make suggestions and to have respect shown for an honest opinion.
- To recognition through day-by-day expression of appreciation and by treatment as a bona fide co-worker.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date