



## Volunteer Application for The Adoption Care Team

Thank you for applying to be a volunteer with the C/PC Animal Shelter's Adoption Care Team. Training is ongoing throughout the year. We are looking for a group of animal loving people who can commit to volunteering a minimum of three hours each week for a minimum of six months at a time.

Name/Address/City/State/Zip \_\_\_\_\_

\* Home Phone/Cell Phone \_\_\_\_\_/\_\_\_\_\_

\*Email address (please print legibly) \_\_\_\_\_

Agreement: I understand and agree that submitting this application form does not automatically register me as a volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

Ages 13 – 15 may volunteer with a parent/guardian. Ages 16 – 18 may volunteer with parent/guardian permission.

I am interested in volunteering in the following areas (please check):

Socializing/walking Dogs \_\_\_\_\_

Photography \_\_\_\_\_

Grooming pets \_\_\_\_\_

Fundraising/Adoption Events \_\_\_\_\_

Dog Kennel maintenance \_\_\_\_\_

Grant Writing \_\_\_\_\_

Socializing/playing with Cats \_\_\_\_\_

Community Outreach \_\_\_\_\_

Cat Room maintenance \_\_\_\_\_

Gardening/Lawn Care \_\_\_\_\_

Clerical Work \_\_\_\_\_

Special Events \_\_\_\_\_

Social Media \_\_\_\_\_

Volunteer Coordinator \_\_\_\_\_

Shelter Greeter \_\_\_\_\_

Other/Please Specify \_\_\_\_\_

\* An email address and phone number are required for our communication with you. Thank you!

Do you have experience in any of your areas of interest? If yes, please describe.

Have you performed other volunteer work? If so, where?

Occupation: \_\_\_\_\_ Retired? \_\_\_\_\_

Are there any restrictions/allergies that could affect your ability to volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain \_\_\_\_\_

Age: (If under 18 years) \_\_\_\_\_ (Parent/guardian consent is required)

If you are a support person for a volunteer, please list their name. \_\_\_\_\_

Are you volunteering for community service? Yes \_\_\_\_\_ No \_\_\_\_\_ If Yes, reason for requirement?

School related \_\_\_\_\_ Hours to be completed by \_\_\_\_\_

Court ordered/Offense \_\_\_\_\_

Were you court ordered to do your community service *at our shelter*? Yes \_\_\_\_\_ No \_\_\_\_\_

Hours/Days Available

Volunteer schedules are based on days of the week. Please list the days and time of each day that you would like to volunteer between 7:30 a.m. and 6 p.m. For example: Monday 1:00-3:00 p.m. or you can say "flexible".

Monday \_\_\_\_\_

Thursday \_\_\_\_\_

Tuesday \_\_\_\_\_

Friday \_\_\_\_\_

Wednesday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

*I certify that the information I have provided is accurate and truthful. Please be advised that, upon acceptance, you may be subject to a background check.*

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

**Please take this completed application to:** City of Cookeville  
45 East Broad Street  
Cookeville, TN 38501



**ph: 931.526.9591**

**Thank you for your interest in volunteering at the Cookeville/Putnam County Animal Shelter! You will be contacted soon for your training and will be scheduled for volunteering. Together we are making a difference for shelter pets!**

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