



Cibolo Animal Services Volunteer Application

(Non-Board or Commission)

Application Date: _____

Name: _____ Nick Name: _____

Address: _____

City/State/Zip: _____ Neighborhood: _____

Phone: _____ Alternate: _____

Driver's License #: _____ State Issued: _____

SSN: _____ Email: _____

Are you under the age of 18? Yes ___ No ___ ***Parental permission required for volunteers under 18 years of age.***

Date of Birth: _____ ***Date of birth needed for background screening to include a criminal history search.***

**** All applicants under the age of 14 must be accompanied by an adult.***

Have you ever been convicted of, plead guilty to, or received deferred adjudication for any criminal offence (misdemeanors and felonies) within the last 7 years. Yes ___ No ___

If yes, please explain:

**** This may not automatically disqualify you from serving as a volunteer.***



(Volunteer app continued)

Volunteers Experience

Please list any current or previous volunteer activities:

Why do you wish to volunteer with the City of Cibolo Animal Services (e.g. for school, community service, give back to the community, other)?

Have you volunteered or been employed with the City in the Past? If yes, please explain.

Have you participated in any City Programs?

Citizens on Patrol ___ Citizens Police Academy ___ City Boards or Commissions ___

Other: _____

Do you have any special knowledge or experience in the animal care profession or government service?

Supplemental Information

Current profession (if retired please list former profession, if still enrolled in school please list grade and school attending). _____

Please list any special skills, training or interests you have that may be helpful:



(Volunteer app continued)

Volunteer Skills & Interests

Please indicate your volunteer skill and/or interests as applicable with a check mark. You may check as many categories as you would like to be considered for.

| Interest | Skill | Volunteer Assignment |
|----------|-------|--|
| | | Routine Office Work (filing, data entry, etc.) |
| | | General (answering phones, directing visitors, etc.) |
| | | Animal Care (grooming, feeding, etc.) |
| | | Vet tech (vaccinating, treatments, etc.) |
| | | Grounds Keeping (yard care, landscaping) |
| | | Education Program (explanation during orientation) |
| | | Adoption Program (explanation during orientation) |
| | | Field Department (explanation during orientation) |

Are you looking for a regular commitment with this opportunity? Yes___ No___

If no, please stipulate which day or days would be best for you to volunteer.

| | | | | | | | |
|---------|--------|---------|-----------|----------|--------|----------|--------|
| Any Day | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
|---------|--------|---------|-----------|----------|--------|----------|--------|

Any Time_____ Mornings_____ Afternoons_____ Evenings_____

References

Please list two individuals and your relation to them that we may contact as a character reference for you.

1. Name: _____ Relation: _____

Contact Number: _____



(Volunteer app continued)

2. Name: _____ Relation: _____

Contact Number: _____

Is there any additional information you would like to provide for our consideration? Please use this space to expound:

Health & Emergency Notification

Do you have any physical limitations/restrictions or other health-related issues that will need to be accommodated? Yes _____ No _____ if yes, please explain:

1. **Emergency Contact:** _____ Relation: _____

Emergency's Phone # _____ Secondary Phone # _____

Address: _____ City/State/Zip: _____

2. **Emergency Contact:** _____ Relation: _____

Emergency's Phone # _____ Secondary Phone # _____

Address: _____ City/State/Zip: _____



(Volunteer app continued)

Legal Releases:

As a candidate for a volunteer position with the City of Cibolo, I am willing to furnish and make available information for use in determining my qualifications and I am aware that any information I provide maybe subject to an open records request. I certify that the information given by me in this application is true and complete. I understand and agree that any false information, misrepresentation, or concealment of facts is sufficient grounds for my immediate discharge without recourse from the City of Cibolo.

I understand that for security purposes a basic background check will be conducted to determine my eligibility and that further background information may be requested if a specific volunteer assignment calls for a more in-depth security check. Further, I understand and agree that all information furnished in this application may be verified by the City of Cibolo.

I hereby authorize all individuals and organizations named or referred to in this application and any law enforcement organization to give the City of Cibolo all information relative to my employment, work habits and character and hereby release such individuals, organizations, and the City of Cibolo from any liability for any claim or damage which may result. I further understand that this information will be used solely for the purpose of determining my eligibility.

Applicant: _____ Date: _____

Parent/Guardian: _____ Date: _____
(If applicant is Under the Age of 18)

Parent/Guardian Consent

(Please print name) _____ has my permission to work as a volunteer in the City of Cibolo. I understand that as a volunteer, my son/daughter will not get paid, but his/her services will be considered work experience. I understand as a volunteer, he/she is expected to conduct himself/herself in a professional, appropriate manner and follow the City of Cibolo policies.

Signature of Parent or Guardian Date: _____

Print Name of Parent or Guardian