



City of Sacramento,  
 Animal Care Services  
 2127 Front Street  
 Sacramento, CA 95818  
 Phone: 916/808-7387  
 Fax: 916/808-5386

Visit Our Web site at:  
[www.SacPetSearch.com](http://www.SacPetSearch.com)

# New Volunteer Application

DATE \_\_\_\_\_ \*IF UNDER 18, BIRTHDATE \_\_\_\_/\_\_\_\_/\_\_\_\_

IF UNDER 18, PLEASE COMPLETE THE PARENTAL CONSENT FORM

**NAME** \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ ALT. PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

**ARE YOU CURRENTLY EMPLOYED?** \_\_\_\_ Yes \_\_\_\_ No

NAME OF EMPLOYER \_\_\_\_\_

OCCUPATION \_\_\_\_\_

**WHAT IS THE HIGHEST GRADE LEVEL OR DEGREE YOU HAVE COMPLETED?**

*(Please list degree or area of emphasis)* \_\_\_\_\_

**PLEASE LIST 2 REFERENCES BELOW:**

Name \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Phone \_\_\_\_\_

**\*\*\* PLEASE COMPLETE BOTH SIDES OF THIS FORM \*\*\***



City of Sacramento  
**GENERAL SERVICES**  
*Getting It Done!*

**CALL**  
 我們講中文  
 Hablamos español  
 Мы говорим по-русски  
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 Peb hais lus Hmoob  
 Chúng tôi nói tiếng Việt

Animal Care Services  
 916-808-PETS (7387)

**WORK EXPERIENCE:**

Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_  
Date \_\_\_\_\_ Job Title \_\_\_\_\_  
Duties \_\_\_\_\_

**VOLUNTEER EXPERIENCE:**

Date \_\_\_\_\_ Organization \_\_\_\_\_  
Duties \_\_\_\_\_  
Date \_\_\_\_\_ Organization \_\_\_\_\_  
Duties \_\_\_\_\_

**TYPE OF VOLUNTEER WORK DESIRED:**

\_\_\_\_\_ Walk/Exercise                      \_\_\_\_\_ Bathe/Groom                      \_\_\_\_\_ Assist Public  
\_\_\_\_\_ General Office Assistance                      \_\_\_\_\_ Offsite Events                      \_\_\_\_\_ Fostering  
Other \_\_\_\_\_

**WHEN WILL YOU GENERALLY BE AVAILABLE TO VOLUNTEER:**

WEEKDAYS:                      \_\_\_\_\_ Mornings                      \_\_\_\_\_ Afternoons  
WEEKENDS:                      \_\_\_\_\_ Mornings                      \_\_\_\_\_ Afternoons

**DO YOU HAVE SPECIAL TALENTS THAT YOU CAN SHARE WITH US?**

*(Examples: artistic, computer guru, medical background, dog trainer, animal groomer, etc.)*

**IF YOU ARE UNDER 18, A PARENT OR GUARDIAN MUST COMPLETE THIS SECTION:**

Parent/Guardian Name \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_  
Phone (Day) \_\_\_\_\_ (Evening) \_\_\_\_\_

I agree to conform with the City of Sacramento Animal Care Services' rules and procedures. I agree to respect the confidential nature of information I may obtain. I also agree to participate in training as is required by my assignment. I understand that my failure to follow department policies and procedures may result in the termination of my service from the volunteer program. In addition, I understand that my service may be terminated at any time without cause.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



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