



# Enid Animal Control Volunteer Application

1200 S. 10<sup>th</sup> St  
Enid, OK 73701  
Tel 580-249-4910

Enid Animal Control values its volunteers tremendously. Your interest in participating in the volunteer program is greatly appreciated. Please Note: We require that all volunteers be at least eighteen (18) years old and require a commitment of at least three (3) months of volunteer service.

## Steps to Becoming a Volunteer:

1. Complete and return the Volunteer Application. The Application may be mailed or dropped off during regular business hours at the Enid Animal Control Office or the Enid Police Department. If mailed, please send to the **Enid Police Department, 301 W. Owen K. Garriott, Enid, OK, 73701.**
2. Attend the next Volunteer Orientation Session. Information regarding Orientation Sessions, including dates and times, can be found on the City of Enid's website at [www.enid.org](http://www.enid.org).
3. Attend additional training classes as may be required for specific activities.

Please understand that completion of this application does not ensure placement. Volunteer positions and time slots are filled as needed. Accuracy and completeness of this form are important in determining the acceptability for a volunteer position. You may be requested to submit additional references and participate in additional interviews, all of which are considered part of the qualification process. All pre-placement inquiries are made for the purpose of establishing your qualifications for volunteer placement. Thank you for your interest in volunteering. We look forward to working with you to make the world a more humane place for all animals.

Today's Date: \_\_\_\_\_

## Volunteer Profile

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Home telephone:
Daytime telephone:	Work phone number:
How did you hear of the Enid Animal Control Volunteer Program?	
If you are here through a volunteer program, please indicate the following:	
Agency:	Address:
Name of Contact Person:	Telephone:

Why do you want to volunteer with Enid Animal Control?



# Enid Animal Control Volunteer Application (cont.)

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### Skills and Experience

Have you had any formal education/training in pet care or animal welfare?

Where: \_\_\_\_\_ When: \_\_\_\_\_ Type of education/training: \_\_\_\_\_

Have you done any other volunteer work?

Where: \_\_\_\_\_ When: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

### Areas of interest:

**Please check all that apply.**

- Canine care     Feline care     Marketing     Fundraising  
 Foster care     Feral cat care     Medical care     Other (Please specify) \_\_\_\_\_

**Do you know any volunteers?** Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you ever been a volunteer at Enid Animal Control before?**  Yes  No *If yes, when?* \_\_\_\_\_  
*If yes, what was your reason for leaving?* \_\_\_\_\_

**Have you adopted an animal from Enid Animal Control?**  Yes  No *If yes, who did you adopt and when?* \_\_\_\_\_

**Are you a member of any other animal welfare organization?**  Yes  No *If yes, how do you participate?* \_\_\_\_\_

### Miscellaneous:

Do you have any allergies or conditions that might affect your volunteer work?  Yes  No *If so, please describe.*

Do you have a valid driver's license?  Yes  No

Have you ever been convicted of a crime?  Yes  No *If so, please describe the offense(s) and list the name of the agency or court, charge and disposition of the case, including deferred sentences. Please provide full details on additional sheets if necessary.*

### Please list two personal or business references:

Name:	Relationship:
Daytime telephone:	Evening telephone:

Name:	Relationship:
Daytime Telephone:	Evening Telephone:

### Please list a contact in case of an emergency:

Name:	Relationship:
Daytime telephone:	Evening telephone:

# Background Check Authorization

As part of the application process, it is necessary for the Enid Animal Control Division to conduct a thorough background investigation. This background will be used to help determine my suitability and fitness for service as a volunteer. I agree that documents and records of information gathered as part of the background investigation concerning me shall remain confidential but that I may request a copy of any information that results in an adverse decision regarding my volunteer association with Enid Animal Control Division. I understand that I make this agreement as a condition of further consideration for volunteer service and agree that it should be binding upon me whether I continue in my current capacity or whether my application is rejected. I understand the authority for collection of information must be signed by me, giving Enid Animal Control Division and/ or their agent permission to conduct a thorough background investigation. This voluntary release allows Enid Animal Control Division and/or their agent to contact agencies for release of information and accurate documentation concerning my past personal history, past employment history, financial, medical and including a criminal history check.

## Authorization for Release of Information

I certify that all answers and information submitted by me are true and complete to the best of my knowledge. I authorize Enid Animal Control, or its agent, to make such investigation and inquiries of my personal, employment, educational, military, criminal histories and other related matters as may be necessary in arriving at a decision regarding my possible participation in the volunteer program. I hereby release employers, schools, and other persons from liability in responding to inquires in connection with my application.

In the event that my application as a volunteer is accepted, I understand that false or misleading information given in my application or interview(s) may result in discharge. **Notice: A photocopy or fax of this release may be accepted as an original.**

_____	_____	_____-_____-_____
Applicant Signature	Date	Social Security Number
_____	_____	_____
Print Full Name (Last – First – Middle)	Residence Address (Street – City – State – Zip)	
_____	_____	
Other Names Used:	Mailing Address (If Different)	
_____	_____	_____/_____
Birth date	Birthplace (City, State, Country)	Driver License Number / State



# Enid Animal Control Volunteer Agreement

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If accepted as a volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what will be expected of you and what you can expect from Enid Animal Control.

If accepted as a volunteer, my signature below indicates that I have read, understand, and agree to the following:

- I certify that the information contained in my application is true and correct to the best of my knowledge and that Enid Animal Control may decline to allow me to participate as a volunteer, or terminate my volunteer status, if any of the information is found to be inaccurate.
- I understand that I am not an employee or agent of Enid Animal Control and will not be entitled to compensation or benefits of any kind whatsoever.
- I will treat staff, all animals and other volunteers with respect and I will work as a team member.
- I will abide by all applicable laws, policies and procedures and follow the directions/instructions of the Enid Animal Control staff. I agree to be supervised and will report any problems that arise directly to Enid Animal Control staff.
- I will treat any information that I obtain during the course of my volunteer activities as confidential and shall not release any of this information during or after my participation as a volunteer, unless disclosure is required to report a violation of the law.
- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and that I am responsible for having current vaccinations for animals at home.
- I understand the potential safety risks of working with animals, including bites and scratches, and I am current on my tetanus vaccination and/or have discussed the potential need for tetanus and other vaccinations with my medical care provider.
- I agree to work a minimum of three (3) months, unless I am removed or terminated from the program. I understand that Enid Animal Control relies on me to be present for all of my scheduled shifts. If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to arrange for a substitute for such shift. In addition, I will also provide advance notice, of at least twenty four (24) hours, to Enid Animal Control staff if I will not be able to work a scheduled shift.
- I authorize Enid Animal Control to seek emergency medical treatment for me in case of accident, injury, or illness.
- I agree to indemnify and hold harmless Enid Animal Control, Enid Police Department, and the City of Enid, and all of their officers, agents, and employees from and against any and all liability whatsoever, including but not limited to, any loss, liability, expense, suit or claim for injury to person or property, arising out of or related to my duties under this agreement or for any negligent act or omission by Enid Animal Control, Enid Police Department, and the City of Enid, officers, agents, and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by Enid Animal Control from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion the Volunteer Coordinator or other managerial staff.

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