



**Montgomery County, MD
Department of Police, Animal Services Division
Animal Services and Adoption Center**

Volunteer Application

Personal Information

Last Name: _____ First Name: _____ Middle Name: _____

Date of Birth (MM/DD/YY): _____ Gender: M F

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

Email Address: _____

Primary Language: _____ Foreign Language(s): _____

Emergency Contact Information

Name: _____

Relationship: _____

Telephone Number: _____

Availability/Schedule (Please be specific)

We ask that volunteers commit to eight hours per month for at least six months.

MONDAY: _____

TUESDAY: _____

WEDNESDAY: _____

THURSDAY: _____

FRIDAY: _____

SATURDAY: _____

SUNDAY: _____

Expected Length of Commitment: _____

Areas of Interest

- | | |
|---|---|
| <input type="checkbox"/> Dog Handler | <input type="checkbox"/> Behavior Assistant |
| <input type="checkbox"/> Cat Handler | <input type="checkbox"/> Customer Service Greeter |
| <input type="checkbox"/> Small Animal Handler | <input type="checkbox"/> Kennel Helper |
| <input type="checkbox"/> Photographer | <input type="checkbox"/> Adoption Ambassador |
| <input type="checkbox"/> Groomer | <input type="checkbox"/> Animal Transporter |
| <input type="checkbox"/> Enrichment Assistant | <input type="checkbox"/> Special Event Assistant/tour guide |

Please explain why you are interested in volunteering for the Animal Services Division.

Selection and Placement

Applicants are reviewed on an individual basis, and selection and placement of volunteers is based on interest as well as the current needs of the Animal Services Division. Please be aware that not everyone who applies is accepted into the volunteer program. All volunteers must attend an orientation and training. The Volunteer Coordinator will provide applicants with orientation dates. For questions about the volunteer program, please call: 240-773-5696.

Skills, Qualifications, Personal Experience

Please list any volunteer work you have done in the past/are currently involved with.

Please provide any skills/qualifications you have that will assist you in your volunteer work at the Montgomery County Animal Services Division.

Are you a member of any animal welfare organizations? _____ If yes, please explain how you participate.

Do you have any direct animal experience? _____ If yes, please explain.

How did you hear about this program?

Statement of Consent and Authorization for Release of Information

I, _____, do hereby authorize a review of all records, or any part thereof, concerning me, by a duly authorized agent of the Montgomery County Animal Services Division, whether the said records are public or private, and including those that may be deemed to be privileged or confidential in nature. I understand should any statement I have made prove to be false, misleading, or erroneous (for whatever reason), it may result in rejection of my application and/or dismissal from the Montgomery County Animal Services Division's volunteer program.

Printed Name: _____ Signature of Applicant: _____

Date Completed (MM/DD/YY): _____

Thank you for your interest in volunteering with the

Montgomery County Animal Services Division! We will contact you shortly!

Please complete and mail , email, or fax application to the Volunteer Coordinator

ATTN: Lea Ann Gross
Volunteer Coordinator
Montgomery County Animal Services and Adoption Center
7315 Muncaster Mill Rd, Derwood, MD 20855
Phone : 240-773-5696
Fax : 301.279.1063
Email: volunteermcasac@montgomerycountymd.gov