



# "Village with a Past, City with a Future"

Kenai Animal Control Shelter  
510 N. Willow St., Kenai, Alaska 99611  
Telephone: 907-283-7353

**STAFF ONLY**  
(Please Initial)

ID Verified \_\_\_\_\_

Background Check  
Cleared \_\_\_\_\_

## VOLUNTEER APPLICATION

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

Name (First, Middle, Last): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

In case of emergency, please notify:

Name/Relation: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Are you a minor under the age of 18? Yes  No  If yes, you MUST have your parent or legal guardian sign on the signature line. By signing below, a parent or legal guardian is consenting to the above child's participation in the Kenai Animal Shelter volunteer program.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date Signed

NOTE – Children under the age of 16 must be accompanied at all times by an adult (at orientation, training, interview, and during actual volunteering). An adult may only accompany one child under 16 at a time (during actual shelter volunteer activities).

Please note if you have any form of health insurance coverage: Yes  No

Please note the task(s) you would like to perform at the shelter (dog walking, cat/kitten socialization, grooming/bathing, shelter/kennel cleaning, clerical/greeting/data entry, event support).

Why are you interested in volunteering at our shelter?

Please list any past or present volunteer experience, any experience with animal care, or any special skills, abilities, or hobbies that would be helpful at the shelter:

List all animals (types/breeds) that you are not comfortable around:

Do you have experience with fractious or otherwise difficult animals? Yes  No

If yes, please elaborate:

Are you allergic to any animals? Yes  No

If yes, please list the animals and your reactions:

Are you allergic to any chemicals? Yes  No

If yes, please list the chemical(s) and your reactions:

Do you have any physical or other disabilities that may require special considerations in order for you to perform your volunteer duties? Yes  No  If so, please describe:

Volunteers can volunteer a maximum of 3 hours per day, 8 hours per week. How many hours do you anticipate volunteering per week? \_\_\_ per month? \_\_\_ What days/times during the week are you typically available to volunteer?

As an adult, have you been convicted of: Theft in the last 5 years; Misconduct Involving a Controlled Substance in the last 5 years; any felony in the last 10 years; Cruelty to Animals ever; Assault in the last 10 years? Yes  No

If Yes, please list the criminal offense(s), the date(s), and the location (City, Borough/County, and State):

Please list a minimum of two personal references:

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_

1. All prospective volunteers must further complete a personal interview with the Volunteer Coordinator prior to acceptance into the volunteer program.
2. Approved volunteers must sign a Release of Liability, Hold Harmless, and Indemnity Agreement Form prior to volunteering.
3. Approved volunteers must attend a General Orientation course prior to performing volunteer tasks in or at or around the shelter. If intending to handle dogs/cats the volunteer must also attend a required dog class and/or cat class prior to volunteering.
4. In addition to the courses above, volunteers must also complete shelter assigned online courses (paid for by the City of Kenai) prior to volunteering.
5. We recommend participants of the volunteer program have their own health insurance coverage before beginning volunteer activities. Workers compensation coverage will not apply to volunteers.

**All potential volunteers 18 years of age and older are subject to a criminal background check at the discretion of the City of Kenai. The City reserves the right to deny volunteer opportunities to individuals based upon the results of the background check. By signing below you swear that the information in this application is true and accurate; and in the case of an adult, you consent to a criminal background check for the purposes of approving or denying you as a volunteer.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date Signed

**Thank you for your interest in volunteering!  
You will be contacted by the Volunteer Coordinator within 5 business days.**