

**DESOTO PARISH ANIIMAL SERVICES**  
**404 LIBERTY LANE ■ GRAND CANE, LA. 71032**  
**Ph: 318-871-2900 / Fax: 318-270-2907**

**VOLUNTEER APPLICATION**

**PLEASE PRINT**

NAME \_\_\_\_\_ DATE \_\_\_\_\_  
ADDRESS \_\_\_\_\_ CITY/STATE/ZIP \_\_\_\_\_  
HOME PHONE \_\_\_\_\_ CELL \_\_\_\_\_  
DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_  
E-MAIL \_\_\_\_\_  
**EMERGENCY CONTACT**  
NAME \_\_\_\_\_ PHONE \_\_\_\_\_ RELATIONSHIP \_\_\_\_\_

**VOLUNTEER INFORMATION**

Interested in: \_\_\_ Pet-Adoption Days \_\_\_ Pet-Foster Program \_\_\_ Animal Facility Work Day(s) \_\_\_\_\_  
How did you hear about our volunteer program? \_\_\_\_\_  
Why are you interested in becoming a volunteer? \_\_\_\_\_

Describe any previous experience working with animals. \_\_\_\_\_

Special skills or training: \_\_\_\_\_

Please indicate the time you would be able to volunteer:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_ Friday \_\_\_\_\_

**PHYSICAL LIMITATIONS**

Do you have a medical condition or handicap that requires special accommodations on the job?

If yes, specify \_\_\_\_\_

**PLEASE LIST (2) REFERENCES NOT RELATED TO YOU**

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

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

**YOU MUST BE 18 YEARS OF AGE IN ORDER TO VOLUNTEER**

In submitting this application, I understand and agree to the following:

1. My participation with the T. B. Yopp, Jr. Animal Facility (DPAC) is strictly on a volunteer basis, therefore no insurance against bodily harm is provided for me. I agree to release from liability (DPAC), from any/all injuries or damages incurred during my participation in any program.
2. I agree to abide by the policies and guidelines presented to me during volunteer training and as updated thereafter.
3. I will take ideas, constructive comments, suggestions and criticisms directly to the Kennel Supervisor or Facility Director.
4. If communication problems develop between employees or other volunteers and me, as soon as possible, I will report these to the Kennel Supervisor.
5. I agree not to provide information to (or about) former owners to prospective adopters unless my supervisor has approved divulging such information; and not to divulge confidential information to the public.
6. I understand that my volunteer assignment may be terminated at any time at the discretion of the Kennel Supervisor or Facility Director.

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