



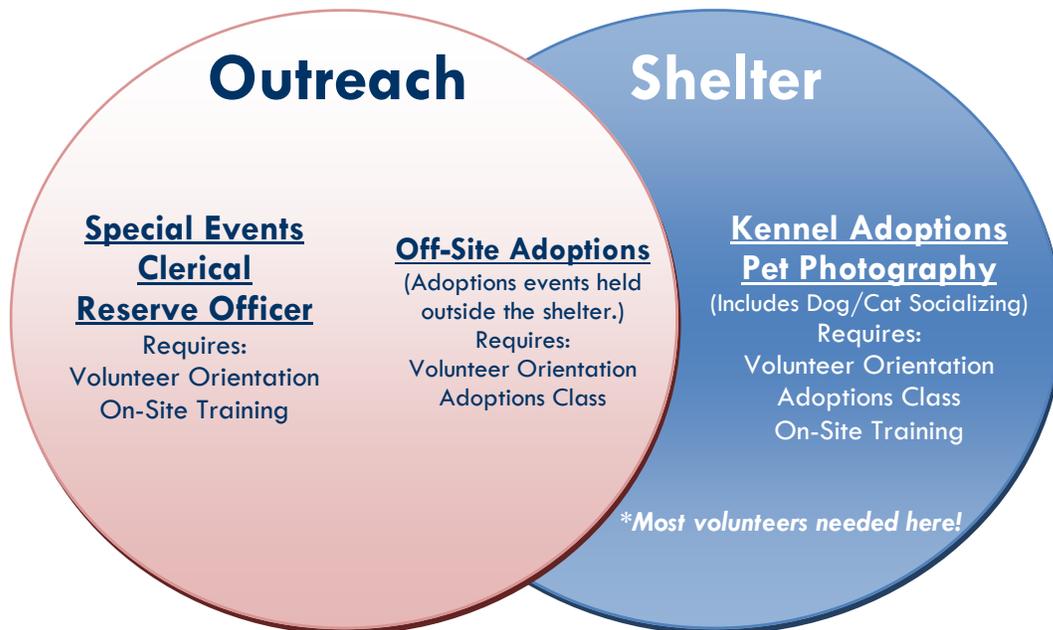
Maricopa County Animal Care & Control

Volunteer Program

**Thank you for joining Maricopa County Animal Care & Control's volunteer program!
Please read all information carefully before completing your application.**

To Volunteer with MCACC you must:

- ✓ Be 15 years or older unless you will be accompanied by an adult every time you volunteer
- ✓ Complete a Volunteer Application and submit at your orientation
- ✓ Donate \$20 to receive volunteer t-shirt at your orientation (not required but greatly appreciated)
- ✓ Attend an Orientation and attend an Adoptions Class if you wish to work with animals
- ✓ Undergo on-site training on your first day ("buddy day")
- ✓ **Commit to volunteering 50 pre-scheduled hours within your first 6 months (no exceptions!)**



TRAINING SCHEDULE

Register for class to erinmaupin@mail.maricopa.gov or call 602-506-8133.
Classes are always held on the second weekend of each month at our West shelter.

New Volunteer Orientations

Orientations are held on the Saturday of the second weekend of each month from 4-6pm at our West Shelter (2500 S. 27th Ave., Phx, 85009).

Simply bring your completed application, a writing utensil and wear closed-toed shoes!

You must attend the classes at our West Shelter regardless of where you intend to volunteer.

Adoptions Classes

You must attend an adoptions class if you plan to volunteer with animals.

Adoptions classes are held on the Sunday of the second weekend of each month from 2-6pm at our West Shelter.

Wear closed-toed shoes and bring a writing utensil.

Buddy Day

You sign up for your first day "buddy day" at your orientation. This day involves on-site training with a volunteer trainer.

To prepare before class feel free to read our volunteer manual on the volunteer page of: Pets.Maricopa.Gov



Maricopa County Animal Care & Control VOLUNTEER APPLICATION



East: 2630 W. 8th St., Mesa, 85201 (Loop 101 / 8th street) | West: 2500 S. 27th Ave., Phoenix, 85009 (South of Durango / 27th Avenue)

Be sure to carefully fill out every section of this application

Orientation Date: _____ Adoptions Class Date: _____

Name: _____ Date: _____

Address: _____

City: _____ Zip Code: _____ Age: _____

Ph#: _____ Secondary Ph#: _____

Email Address: _____

Alt. Email Address: _____

Emergency Contact Name: _____ Ph: _____

Employment Information:

Current Employer: _____ Job Title: _____

Telephone: _____ Work Days/Hours: _____

References:

Please list two references who may be contacted regarding your participation in the Volunteer Program.

Name: _____ Ph: _____ Relationship: _____

Name: _____ Ph: _____ Relationship: _____

Your Schedule:

We require a minimum of 8 pre-scheduled hours per month to volunteer with MCACC.

I would like to volunteer _____ hours per week or _____ hours per month.

Day(s) & Time(s) you will volunteer (see second page for time shifts): _____

Preferred Location: West East Offsite (Events) Petco (Glendale Location)

I can commit to volunteering 50 pre-scheduled hours within my first 6 months: Yes No (If no, you cannot volunteer with us.)

Assigned Key#: _____ (please fill out at your orientation, for east shelter volunteers only)

Are you proficient in any language other than English? Language: _____

How did you hear about MCACC? _____

Why do you want to become a MCACC volunteer? _____

Describe any previous education, training or work experience with animals. _____

Bring completed application to your volunteer orientation.

Please complete second page ►

THIS IS A RELEASE OF LIABILITY

I, _____, hereby agree to accept a position as a volunteer for Maricopa County, Department of Animal Care & Control. In doing so, I agree to comply with all of the rules, regulations, policies, and procedures of Maricopa County Animal Care & Control. I understand that failure to do so may result in immediate termination as a volunteer. I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind.

I recognize that in the performance of volunteer tasks there exists a risk of injury including, but not limited to, physical harm caused by animals. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless, Maricopa County and the Department of Animal Care & Control, its' agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including all claims arising out of the negligence of Maricopa County and any persons for whose actions Maricopa County may be held liable, and including attorney fees incurred or sustained by me in any way connected with my services for Maricopa County Animal Care & Control, including but not limited to animal bites, accidents or injuries.

Volunteer Signature: _____ Date: _____

Parental Guardian (if under 18): _____ Date: _____

Donation:

Staple payment to your application. For credit cards enter below. Your receipt will be sent to you in the mail.

() \$20.00 or () \$_____ | () Cash () Check#: _____ () Credit Card#: _____ Exp. Date: _____
(other)
For checks or credit-Driver's License # needed: _____ Exp: _____ State: _____

Fill below out at your Orientation and Detach for your Records:

My first day "Buddy Day" date/time is _____ Meet in the volunteer room at the _____ shelter.

Volunteer Trainer's Name _____ Phone Number (if available) _____

Important notes from your volunteer trainer:

- o We're excited to meet you and we'll be in the volunteer room on your scheduled start time.
o Once you arrive, head straight to the volunteer room and wait for your trainer.
o Your mentor will wait 5 minutes after the time you are scheduled to arrive before heading out to the kennels. So, if you are more than 5 minutes late, locate your trainer in the kennels.
o If customers approach you before you find your trainer, please locate another volunteer or staff member who can assist. The adoptions process must be handled carefully so you must complete your first adoption with your trainer.

Volunteer Time Shifts: Mon-Sat - 10:45-2:45pm OR 2:00-6:00pm
Sunday - 11:45-4:00pm

My regular shift will be on _____ every week or month from _____ to _____ pm at the _____ shelter.

Also e-mail us the times you will volunteer each month or write your times on the volunteer calendar.

Thank you for becoming an MCACC Volunteer!