

**Sangamon County Department of Public Health  
Animal Control and Adoption Center  
2100 Shale Rd., Springfield, IL 62703  
217-535-3065**

**VOLUNTEER APPLICATION**

**This application is intended for people who would like to walk companion animals, participate in photographing companion animals and providing human socialization to the companion animals that are currently housed at SCACAC. After completing this form return it by:**

- (1) In-person (Monday – Friday 10:30 AM – 4:30 PM, Saturday 10:30 AM – 12:30 PM)
- (2) Email: [scacvolunteer@sangamonil.gov](mailto:scacvolunteer@sangamonil.gov)
- (3) Fax: 217-535-3067

**PLEASE PRINT**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ (Must be 18 years of age)

Address: \_\_\_\_\_ City: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Emergency contact phone: \_\_\_\_\_

What type of companion animal would you prefer to participate as a volunteer with?

\_\_\_\_\_ Cat      \_\_\_\_\_ Dog      \_\_\_\_\_ Both

Have you ever been terminated or dismissed as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain:

\_\_\_\_\_  
\_\_\_\_\_

Do you have any physical limitations that may prevent you from properly controlling an animal?

Yes \_\_\_\_\_ No \_\_\_\_\_

Briefly describe any previous volunteer experience:

\_\_\_\_\_  
\_\_\_\_\_

Briefly describe any previous animal experience:

\_\_\_\_\_  
\_\_\_\_\_

Do you have pets at home or have you had pets in the past? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have pets, are they currently vaccinated against rabies and registered in the county in which you reside? Yes \_\_\_\_\_ No \_\_\_\_\_

If you have or have previously had pets, have they ever been impounded for violation of a local Animal Control Ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever been issued a citation for violation of a local Animal Control Ordinance? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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Have you ever violated any local, state or federal law or regulation involving the inhumane treatment of animals? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

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**REFERENCE:**

Please provide one personal reference, including name and phone number:

Name of Reference: \_\_\_\_\_ Phone Number of Reference: \_\_\_\_\_

I certify that the information given by me in this application is true in all respects, and I agree that if the information given is found to be false in any way, it shall be considered sufficient cause for denial of the privilege of volunteering, or if already volunteering and found later, discharge. I understand that prior to being offered the opportunity to volunteer with Sangamon County, a background check shall be initiated. I authorize the use of any information in this application to verify my statements, and I authorize all references, and any other persons to answer all questions asked concerning my ability, character, and reputation. I release all such persons from any liability or damage on account of having furnished such information. I understand that nothing contained in this application or in the granting of an interview is intended to create a contract between Sangamon County and myself. No promises regarding on selection as a volunteer have been made and I understand that no such promise or guarantee is binding upon the Sangamon County unless made in writing.

\_\_\_\_\_  
Signature of Applicant\*

\_\_\_\_\_  
Date

\* Application will not be processed unless it is signed and dated by the applicant.

