



Sangamon County Department of Public Health

Sangamon County Animal Control and Adoption Center 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.

Last Name _____ First Name _____

Date of Birth: _____ (Must be 18 years of age)

Address: _____ City _____ County _____

Years lived in County _____ (If less than 5yrs) Previous 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 ___

www.scdph.org

Main Campus: 2833 South Grand Avenue East | Springfield, IL 62703-2175 | (217) 535-3100

Animal Control & Adoption Center: 2100 Shale Street | Springfield, IL 62703-5634 | (217) 535-3065



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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: _____

Have you ever been issued a citation for violation of a local Animal Control Ordinance?

Yes ___ No ___ If yes, please explain: _____

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

REFERENCES:

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

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. Please submit application by mail, in person or can be submitted via email to SCACvolunteer@sangamonil.gov.

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