

# Spotsylvania County Sheriff's Office Citizen Volunteer Application

P.O. Box 124  
Spotsylvania, Virginia 22553

(540) 507-7459

Name \_\_\_\_\_  
First MI Last

Name Preferred to be called: \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Telephone [Primary] (\_\_\_\_) \_\_\_\_\_ [Secondary] (\_\_\_\_) \_\_\_\_\_

Email \_\_\_\_\_

\*Date of Birth \_\_\_\_\_ \*Social Security Number \_\_\_\_\_

## Emergency Contact:

Name \_\_\_\_\_  
Telephone \_\_\_\_\_

Relationship \_\_\_\_\_

How did you hear about us?

Advertisement \_\_\_\_\_ From school/agency \_\_\_\_\_ Referred from friend/volunteer \_\_\_\_\_

Volunteer Center \_\_\_\_\_ If Volunteer Center, which one \_\_\_\_\_

**Skills and Knowledge** I enjoy using:

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Things I would like to learn:

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Things I hope I never get asked to do:

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(Attachment A – Page 2)

Resources I have access to that I may be able to share:

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**Education/Training:**

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**Have you had any formal education in animal care or animal welfare? If so, please describe**

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**Previous work experience (Paid and/or volunteer):**

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**Reason for Volunteering**

School Credit \_\_\_\_ Internship \_\_\_\_ Socialization \_\_\_\_ Seasonal \_\_\_\_ Resume Enhancement \_\_\_\_

Corporate Sponsorship \_\_\_\_ Outreach (Church) \_\_\_\_ Contribute to Society \_\_\_\_

Court Ordered/Community Diversion Requirement \_\_\_\_

**Indicate the types of volunteer activities that interest you (check all that apply):**

Adoption counselor \_\_\_\_ Feline helper \_\_\_\_

Assist animal care staff \_\_\_\_ Doing public speaking, fundraising, etc. \_\_\_\_

Administrative office support \_\_\_\_ Working at public events, (i.e. rabies clinics) \_\_\_\_

Education/outreach volunteer \_\_\_\_ Working directly with animals as caretaker \_\_\_\_

Working the reception area \_\_\_\_ No Preference \_\_\_\_

Do you understand some animals are euthanized at the Animal Shelter? Yes \_\_\_\_ No \_\_\_\_

Do you have any issues or problems volunteering at the Animal Shelter knowing some animals are euthanized? Yes \_\_\_\_ No \_\_\_\_

(Attachment A – Page 3)

**Availability:**

Mon.\_\_\_\_ Tue.\_\_\_\_ Wed.\_\_\_\_ Thur.\_\_\_\_ Fri.\_\_\_\_ Sat.\_\_\_\_

Times (M)\_\_\_\_\_ (T)\_\_\_\_\_ (W)\_\_\_\_\_ (TH)\_\_\_\_\_ (F)\_\_\_\_\_ (S)\_\_\_\_\_

**Have you ever worked for any animal rights organization such as P.E.T.A., S.O.S., etc?**

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

**If Yes, please list:**

\_\_\_\_\_

**Please list all pets, livestock, or other animals that you or your household is responsible to care for:**

Animal: Breed: License: Rabies Vaccination:

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Please list additional animals and related information on the back of this sheet or include as an attachment.

**References**, (Please list 2 people not related to you):

Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

Name\_\_\_\_\_ Telephone\_\_\_\_\_

Address\_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**\*All positions will require you to provide information necessary for the County to process a criminal records check. All positions will require an interview.**