



# COLLIN COUNTY

Animal Services  
4750 Community  
McKinney, Texas 75071  
Phone 972-547-7292  
Fax 972-547-7290  
www.collincountytx.gov

## Collin County Animal Services Volunteer Application

Today's Date: \_\_\_\_\_

### Volunteer Profile

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Contact phone number:
How did you hear of the CCAS Volunteer Program?	

Why do you want to volunteer with the Collin County Animal Shelter?

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### Skills and Experience

Have you had any formal education/training in pet care or animal welfare?		
Where:	When:	Type of education/training:
Have you done any other volunteer work?		
Where:	When:	Type of work performed:

### Areas of interest:

<b>Please check all that apply.</b>		
<input type="checkbox"/> Dog Adoption Counselor	<input type="checkbox"/> Cat Adoption Counselor	<input type="checkbox"/> Dog Walking
<input type="checkbox"/> Cat Socialization	<input type="checkbox"/> Dog Socialization	<input type="checkbox"/> Dog Medical care
<input type="checkbox"/> Cat Medical care	<input type="checkbox"/> Foster care	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Marketing	<input type="checkbox"/> Other (Please specify)	_____

**Do you know any CCAS volunteers?** Name(s): \_\_\_\_\_  
 Relationship: \_\_\_\_\_

**Have you ever been a volunteer at CCAS before?** Yes No *If yes, when?*  
 \_\_\_\_\_  
*If yes, what was your reason for leaving?* \_\_\_\_\_

**Have you adopted an animal from CCAS?** Yes No *If yes, who did you adopt and when?* \_\_\_\_\_

**Are you a member of any other animal welfare organization?** Yes No  
*If yes, how do you participate?*

**Availability:**

Please circle the days/times you are available for volunteer work (not required for Foster care, Marketing or Fundraising):

Sun	Mon	Tues	Wed	Thurs	Fri	Sat
10am - 12pm	9am - 12pm	9am - 12pm	9am - 12pm	9am - 12pm	9am - 12pm	10am - 12pm
12 - 3pm	12pm - 3pm	12pm - 3pm	12pm - 3pm	12pm - 3pm	12pm - 3pm	12 - 3pm
3 - 5pm	3pm - 6pm	3pm - 6pm	3pm - 6pm	3pm - 6pm	3pm - 6pm	3 - 5pm

**Miscellaneous:**

Do you have any allergies or conditions that might affect your volunteer work? Yes No *If so, please describe.*

Do you have a valid driver's license? Yes No

**Please list two personal or business references:**

Name:	Relationship:
Daytime telephone:	Evening telephone:
Name:	Relationship:
Daytime Telephone:	Evening Telephone:

**Please list a contact in case of an emergency:**

Name:	Relationship:
Daytime telephone:	Evening telephone:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
CCAS Volunteer Witness

\_\_\_\_\_  
Signature of guardian (if under 18 years old)

\_\_\_\_\_  
Date Signed

