SCMACPD VOLUNTEER APPLICATION

Name:_____ **Birthdate:**_____

Address:_____**Email:**_____

Driver's License No.:_____**State:**_____

Home Phone:_____**Cell:**_____**Work:**_____

Employer:_____**Address:**_____

Education Background:_____

_____

_____

Skills:_____

_____

Experience working with animals:_____

_____

_____

Why are you interested in becoming a SCMAC Volunteer?_____

_____

Availability?
Mornings/time:_____**Afternoons/time:**_____**Weekends**_____

References: Name(Friend or Family)_____**Phone:**_____

Name(Friend or Family)_____**Phone:**_____

Reference Comments:_____

_____

Date:_____

STATEMENT OF CONFIDENTIALLITY

As a volunteer with SCMACPD, I will not discuss confidential information as to procedure and policies of SCMACPD. I will promote good will within the community.

I understand the purpose of this statement and if I violate it, disciplinary action will be taken including the termination as a volunteer.

Volunteer Name:_____

Volunteer's Signature:_____

Date:_____