

FRIENDS OF THE NORTHUMBERLAND COUNTY ANIMAL SHELTER  
**VOLUNTEER APPLICATION**

Full Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

911 Address: \_\_\_\_\_ City: \_\_\_\_\_ ST: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

May we contact you via text? \_\_\_\_\_ Preferred email address: \_\_\_\_\_

***Please circle the days and hours you available to volunteer?***

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

***Please check all items that match your volunteering preferences***

- ANIMAL SHELTER**    **DOGS**    **CATS**    **BOTH DOGS AND CATS**
- DOG WALKING    BATHING/GROOMING    TRAINING    SOCIALIZING DOGS
- SHOWING ANIMALS FOR ADOPTION    PARTICIPATING IN ADOPTION EVENTS
- ANIMAL PHOTOGRAPHY    CLEANING CAT ROOM    SOCIALIZING CATS
- TRANSPORTATION TO:    VET    RESCUE LEAGUE    ADOPTION EVENTS



- THRIFT SHOP**
- CATEGORIZING & SORTING DONATIONS    PICKING UP DONATIONS, AS NEEDED
- LIFTING/MOVING DONATED ITEMS    STAFFING DURING OPEN HOURS (TUES 9-1; FRI 10-4; 2<sup>ND</sup> & 4<sup>TH</sup> SAT 9-1)

- GENERAL SKILLS /INTERESTS**
- WRITING/EDITING    WEB DEVELOPMENT / MANAGEMENT/ MAINTENANCE    SOCIAL MEDIA
- ADMINISTRATIVE/CLERICAL FUNCTIONS    GRAPHIC DESIGN    FUNDRAISING    COMMUNITY OUTREACH
- PARTNERSHIP MANAGEMENT    MAINTAINING RESCUE SITE POSTINGS (E.G.: PET FINDER; RESCUE ME, ETC)

**OTHER** \_\_\_\_\_

Please provide names and contact phone numbers for 3 references (not personal or family)

1. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Please read and sign that you understand and agree to the following statements:

1. If accepted as a volunteer I understand that there are policies and procedures that must be followed. I agree to abide by all policies and procedures even if my opinion may differ. I understand that failure to do so may result in termination of my volunteer status with the Friends of the Northumberland County Animal Shelter and Thrift Shop
2. I certify that the information I given herein is true and complete.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**CRIMINAL HISTORY RECORD NAME SEARCH REQUEST**

Purpose of this request: Volunteer

<b>NAME INFORMATION TO BE SEARCHED:</b>			
<u>Last Name</u>	<u>First Name</u>	<u>Middle Name</u>	<u>Maiden Name</u>
_____	_____	_____	_____

<u>Race</u>	<u>Sex</u>	<u>Date of Birth (MM/DD/YYYY)</u>	<u>Social Security Number</u>
_____	_____	_____	_____

**AFFIDAVIT FOR RELEASE OF INFORMATION:**

I hereby give consent and authorize the Virginia State Police/Northumberland County Sheriff's Office to search the files of the Central Criminal Records Exchange for a criminal history record and report the results of such search to the agent or individual authorized in this document to receive same.

\_\_\_\_\_

Signature

State of Virginia, County of Northumberland

Name and mailing address of agency, individual or authorized agent making request:

Northumberland County Animal Shelter  
P.O. Box 305  
Heathsville, VA 2473

Office of the Sheriff  
Northumberland County  
P.O. Box 310  
Heathsville, VA 22473

I find no reason why this person should not volunteer.

I do not approve this person to volunteer