

WASHOE COUNTY

REGIONAL ANIMAL SERVICES

2825 LONGLEY LANE #A RENO, NEVADA 89502 CENTER: (775) 353-8900 DISPATCH: (775) 322-3647 FAX: (775) 353-8905 www.washoeanimals.com

Volunteer Application

Contact Information	(I	PLEAS	E PRINT	LEGIB	LY)		
Name						Date:	
Street Address							
City, State & Zip							
Contact Phone			Alternate:				
State Issued or School ID#							
E-Mail Address							
Best Way to Contact:	☐ Phone	□ Em	nail				
Are you 18 yrs or over?	□ Yes	□ No	Do you own any animals now? Yes □ No □				
Birth Date	(MM/DD/YYYY)						
Speak any other languages?	□ Yes	□ No	If yes what Language?				
Size of Volunteer Shirt? (Volunteers qualify for a shirt after 20 hours of volunteer credit)	$\Box S$	\Box M	$\Box \mathrm{LG}$	$\Box XL$	$\Box XXL$	□XXXL	
Are you employed full time?	□ Yes	\square N	Го				
Volunteer Interests							
X POSIT	POSITIONS				POSITIONS		
Front Office	Front Office Assistant				Off-Site/Special Events		
Animal Care Assistant					Lost/Found		
Photographer					Block Walk/Education		
Other,	Other, Field				Disaster Response		
All volunteers are required to attend an orientation and a tour of the facility. Euthanasia is performed at this facility when necessary. Volunteers do not participate in this process at any time.							
Have you ever owned or w	orked witl	h the fo	llowing a	nimals?			
\square Dogs \square Reptile \square	Rabbits	□ Cat	ts 🗆 B	irds [☐ Pocket Pets	(hamsters, gerbils)	
\square Horses \square Other (livest	ock (goats,	sheep, e	tc.)				
Summarize special skills and qualifications you have acquired from employment, previous volunteer work, or through other activities, including hobbies or sports that could be a benefit to Washoe County Animal Services.							

What other organizations have you volunteered for?						
How did you hear about the Volunteer program for Washoe County Regional Animal Services?						
Why are you interested in volunteering for Washoe County Regional Animal Services?						
When was your last tetanus vaccination?						
tetanus vaccination.						
Person to Notify in Case of Emergency						
Name & relation						
Home Phone						
Work or Cell Phone						
Our Policy & Signature						
It is the policy of this organization to provide equal opportunities without regard to race, color, religion,						
national origin, gender, sexual preference, age, or disability.						
By submitting this application, I affirm that the facts set forth in it are true and complete. I understand						
that if I am accepted as a volunteer, any false statements, omissions, or other misrepresentations made by						
me on this application may result in my immediate dismissal.						
The WCRAS volunteer program is comprised of three tiers, 1 (beginner), 2 (intermediate) and 3 (advanced).						
All volunteers will begin in tier 1. Before becoming a tier 3 volunteer, you will be required to pass a background check through Washoe County, at no charge.						
background check through was	snoe County, at no charge.					
Applicant Signature						
Tippiicant bignature						
Date received	Received by:					
Accepted By (WCRAS staff)						

Date Contacted

Orientation Date