



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

Name (First, Middle, Last): \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Primary Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

In case of emergency, please notify:

Name/Relation: \_\_\_\_\_

Cell: \_\_\_\_\_

Are you a minor under the age of 18? Yes ☐ No ☐ If yes, you MUST have your parent or legal guardian sign on the signature line. By signing below, a parent or legal guardian is consenting to the above child's participation in the Kenai Animal Shelter volunteer program.

_____	_____	_____
Parent Signature	Print Name	Date Signed

We recommend participants of the volunteer program have their own health insurance coverage before beginning volunteer activities. Workers compensation coverage will not apply to volunteers.

Please note if you have any form of health insurance coverage: Yes ☐ No ☐

All potential volunteers 18 years of age and older are subject to a criminal background check at the discretion of the City of Kenai. The City reserves the right to deny volunteer opportunities to individuals based upon the results of the background check. By signing below, you swear that the information in this application is true and accurate; and in the case of an adult, you consent to a criminal background check for the purposes of approving or denying you as a volunteer.

_____	_____	_____
Signature	Date of Birth	Date Signed



The City of Kenai | [www.kenai.city](http://www.kenai.city)



Please circle task(s) you would like to help with at the shelter:

Dog Walking/Socialization    Enrichment Kits    Dog Yard Play    Cat Socialization  
Special Projects    Dog Kennel Cleaning    Cat Cage Cleaning    Deep Cleaning  
Social Media Posts    Animal Photography    Grooming/bathing    Event Support

Why are you interested in volunteering at the shelter?

Please list any past or present volunteer experience, any experience with animal care or any special skills, abilities, or hobbies that would be helpful at the shelter:

List all animals (types/breeds) that you are not comfortable around:

Do you have any experience with fractious or otherwise difficult animals? Yes ☐ No ☐ If yes, please elaborate:

Are you allergic to any animals? Yes ☐ No ☐ If yes, please list the animals and your reactions:



Are you allergic to any chemicals? Yes ☐ No ☐ If yes, please list the chemical(s) and your reactions:

Do you have any physical or other disabilities that may require special considerations in order for you to perform your volunteer duties? Yes ☐ No ☐ If so, please describe:

Volunteers can volunteer a maximum of 2 hours per day, 6 hours per week. How many hours do you anticipate volunteering per week? \_\_\_\_\_ per month? \_\_\_\_\_ What days/times during the week are you typically available to volunteer?

As an adult, have you been convicted of: Theft in the last 5 years; Misconduct involving a controlled substance in the last 5 years; any felony in the last 10 years; Cruelty to Animals ever; Assault in the last 10 years? Yes ☐ No ☐

If yes, please list the criminal offense(s), the date(s), and the location (City, Borough/County, and State):

Please list a minimum of two personal references:

Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

