



# Kane County Department of Animal Control

4060 Keslinger Road  
Geneva, Illinois 60134

Phone: 630-232-3555  
Fax: 630-232-3585

## **Volunteer Application**

Name: \_\_\_\_\_

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

Street Address: \_\_\_\_\_

City, State, Zip code \_\_\_\_\_

Driver's License# or State ID#: \_\_\_\_\_ Are you over 18 years old? YES NO

Email Address: \_\_\_\_\_

Why are you interested in volunteering with Kane County Animal Control: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Please indicate any skills that you possess, such as typing, knowledge of Windows based programs,  
animal training, etc.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you speak any language(s) other than English?

YES NO

If yes, what language:

\_\_\_\_\_

Emergency Contact Information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

*Please use a (\*) to indicate the preferred method of contact.*

Volunteer References:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Can you make a 5 hour weekly commitment to volunteering at Kane County Animal Control?  
YES NO

If No, what type of commitment can you make: \_\_\_\_\_

What days and times are you available to volunteer?

Mon: \_\_\_\_\_ Tues: \_\_\_\_\_ Wed: \_\_\_\_\_ Thur: \_\_\_\_\_ Fri: \_\_\_\_\_ Sat: \_\_\_\_\_

What types of animal experience do you have?

*Place a [ ✓ ] in each box that applies*

[ ] Academic Animal Behavior Background

[ ] Bird Care

[ ] Exotic Animal Care

[ ] Family Cat (current or previous)

[ ] Family Dog (current or previous)

- Foster Care Experience
- Grooming
- Veterinarian or Certified Veterinary Technician
- None, but I am interested in helping animals

What types of animals do you currently own?

Cat   Dog   None   Other: \_\_\_\_\_

Do your pets, if applicable, have a current rabies vaccine?

YES   NO

Can you handle large, strong dogs?

YES   NO

Do you have an allergy to animals?

YES   NO

If yes, please explain: \_\_\_\_\_

I am interested in working with:

*Place a [ ✓ ] in each box that applies*

- Cats & Small Mammal Care and Socialization
- Community Outreach and Events
- Dog Walking and Socialization
- Animal Grooming
- Animal Transportation
- Administrative

*Administrative work may include but is not limited to; adoption and transfer phone call follow ups, adoption packet stuffing, filing, and greeting of the public.*

Please read the following statements. Place a [ ✓ ] in each box to indicate you understand what is being asked.

- ] I understand that I will be placed in a volunteering position in accordance to the needs of KCAC and in relation to my skill set.
- ] All animal volunteer positions require a commitment of twenty (20) hours per month to remain active in the Volunteer Program.
- ] I understand that KCAC may photograph my participation in this program, and I hereby release any such photographs to KCAC for use in its programs, publications and other purposes.
- ] I understand that I must undergo a Criminal History Background Check; volunteers of KCAC must be known to the community to be free of certain types of criminal history. For the purpose of volunteer service each applicant shall submit to a fingerprint based background investigation. This investigation shall require the applicant to present themselves to the Kane County Sheriff's Office and have their fingerprints taken.

Once the fingerprints are entered into the system the Kane County Sheriff's Department will forward the fingerprint information to the Illinois State Police for processing.

It shall be the policy of this organization that no person shall be awarded a volunteer opportunity within KCAC if they have been convicted of any drug or alcohol offense, any criminal offense against children, any criminal offense against animals, identity theft, any hate crime, or any felony offense.

Furthermore, in the event the applicant's background check reveals the person to have one or more misdemeanor offenses, their application may be rejected at the discretion of the Administrator of Animal Control.

Approval of all volunteers is subject to the discretion of KCAC.

- ] In consideration of KCAC accepting my application for participation in KCAC programs, I agree to release and hold harmless KCAC from and against any and all loss, damage, claims, liability, costs, and expenses, of any nature whatsoever, including without limitation attorney's fees and disbursements, arising from or occasioned by my participation in KCAC programs. I understand there are certain risks inherent in handling animals and I accept those risks. I understand if an accident or injury should occur, no matter how minor, that I will complete a Volunteer Injury Report Form and seek any necessary medical attention, at my own expense, utilizing my own medical insurance, if applicable.

All information given above is true and accurate to the best of my knowledge.

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