



# CITY OF IRVING ANIMAL SERVICES VOLUNTEER APPLICATION

## APPLICANT INFORMATION

Name:

Birthdate:

Phone: (    )

Cell: (    )

Current address:

City:

State:

ZIP Code:

Email:

DL# or SSN#

## REFERENCES

Personal Reference Name:

Address:

City:

Phone:

E-mail:

How Long?

Employment Reference Name:

Address:

City:

Phone:

E-mail:

How Long?

## EMERGENCY CONTACT

Name of a relative not residing with you:

Address:

Phone:

City:

State:

ZIP Code:

Relationship:

## INFORMATION

Bilingual?  No  Yes - What language?

T-Shirt Size:  M  L  XL  XXL

Do you have any physical, medical or psychological limitations or disabilities?  No  Yes – Please explain:

Have you ever been convicted of any criminal offense? (a criminal background check is required upon certification)  
 No  Yes – Please explain:

What capacities are you interested in volunteering?

Please include me on your mailing list to receive notices about special activities.  Yes  No

## SIGNATURES

I authorize the verification of the information provided on this form. I agree to attend orientation and all trainings required to perform my volunteer duties.

Signature of applicant:

Date:

### For Office Use Only

Information Verified By: \_\_\_\_\_

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

Orientation Scheduled: \_\_\_\_\_

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

Training Scheduled: \_\_\_\_\_

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