



CITY OF LOS ANGELES
DEPARTMENT OF ANIMAL SERVICES
VOLUNTEER APPLICATION

14409 Vanowen St. Van Nuys CA 91405
Phone #: (818) 374-5878 Fax #: (818) 756-9110
PLEASE PRINT CLEARLY!

Shelter \_\_\_\_\_
Received \_\_\_/\_\_\_/\_\_\_
Entered \_\_\_/\_\_\_/\_\_\_
Initials \_\_\_\_\_
Shirt: Y N
Nametag: Y N
[ ] Volgistics
[ ] Complete
(Office use only)

We are delighted that you have an interest in becoming a volunteer with L. A. Animal Services! Upon receipt of your application, we will contact you with dates of upcoming orientations. Each shelter has one orientation a month.

Please note incomplete or illegible applications will not be processed

Preferred Shelter Location: [ ] E. Valley; [ ] W. Valley; [ ] S. Los Angeles; [ ] North Central; [ ] W. Los Angeles; [ ] Harbor

[ ] If under 18 please check. Note: All minors must attend the orientation with a parent or guardian

Last Name First Name Middle Name

Address City State Zip Code

( ) Home ( ) Cell or Pager ( ) Work (may we call you at work? Yes [ ] No [ ])

E-Mail Address

How did you hear about the Department of Animal Services Volunteer Program?

flyer; friend; newspaper; website; school; shelter; mobile; or

Why do you wish to become a volunteer with Animal Services?

How long/often do you plan to volunteer for Animal Services?

Are your volunteer hours required for a class/community service credit? YES NO

If YES, please complete following: Number of hours required Required date of completion

Name of school, organization requiring service hours

NOTE: LAAS requires a minimum of 30 volunteer hours before signing off community service credit.

EXPERIENCE

List previous experiences (volunteer, paid, or educational) that would be helpful in working with animals and/or people.

Table with 3 columns: Activity, Organization, Date

Occupation: Current Employer:

Are you bi-lingual?: YES NO If yes, what language(s)? read [ ]; write [ ]

Have you ever worked/volunteered for a City of Los Angeles department? YES [ ]; NO [ ]

If yes, which department? How long?

Do you have any family or friends working/volunteering at any one of our six shelters? YES [ ] ; NO [ ]

If yes, who/where? \_\_\_\_\_

What animal companions do you have or have you had in the past? \_\_\_\_\_

Are you a member of any animal welfare organization? How do you participate? \_\_\_\_\_

Work at the Department of Animal Services is not only animal related but also involves constant contact with the general public. How do you feel about talking with all kinds of people? What kind of public contact experience do you have? \_\_\_\_\_

The Department of Animal Regulation is a public safety agency and operates under a "chain of command" organizational structure. How do you feel about taking directions from others and working collaboratively with other volunteers and staff? \_\_\_\_\_

While we try our best to help each animal in our care find a home, there are instances when an animal, due to space, medical, behavior or other reasons must be euthanized or put to death. Although you will not be involved in the process, we would like to know how you feel about it? \_\_\_\_\_

What are your special skills, interests or hobbies? (Be specific, i.e. Photoshop, p.r. contacts, Excel, create signs & banners, data input, graphic design, videographer, musician, etc.) \_\_\_\_\_

**REFERENCES**

_____ ( ) _____	_____	_____	_____	_____	_____
Name	Home	Work	Cell	Pager	Relationship
_____ ( ) _____	_____	_____	_____	_____	_____
Name	Home	Work	Cell	Pager	Relationship

Some volunteer tasks may include lifting, bending, or carrying cages or other heavy supplies as well as handling, grooming or moving large animals. Some volunteer positions require the ability to safely return animals to their appropriate cages/kennels and to read kennel cards. Volunteers must be alert at all times being around unpredictable and dangerous animals and able to communicate with employees and the public. Do you have any allergies, health/ physical condition(s), disabilities or psychological limitations which may restrict/hinder your activities as listed above or put you in any sort of danger? YES \_\_\_\_\_; NO \_\_\_\_\_

If yes, list special accommodations needed \_\_\_\_\_

Are you currently required to take physician prescribed medication daily/regularly? YES NO

Please detail: \_\_\_\_\_

