



LACC Volunteer Application

THANK YOU for your interest in volunteering with Lafayette Animal Control Center! Tails are wagging and cats are meowing in excitement over your participation! Volunteers play a vital role within our organization. Without your support, we would not be able to assist nearly the number of animals who need help in our community.

Please complete the Volunteer Application below (you must be over 18 years of age to participate in the volunteer program). Select the volunteer activities that most interest you. Upon receipt of your application, I will notify you of the dates for our next Volunteer Orientation. Specifics about each volunteer activity will be discussed in the orientation meeting. Depending on the activities you choose, additional training may be required. You may complete the application on the computer, save it, and email it to me. If you'd like a hard copy to print out and fill in by hand, I will be happy to send you one. Thank you again for your interest in Lafayette Animal Control Center!

Date: _____

Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Email Address: _____ Date of Birth: _____

Home Phone: _____ Cell/alternate phone: _____

Person to contact in a case of emergency: _____ Emergency Phone: _____

Do you have a valid driver's license? Yes No Drivers License Number: _____

Have you ever been convicted of a crime causing harm to a person or animal? Yes No

Please explain: _____

Do you have any physical or emotional condition that might hinder your volunteer service, or require us to provide you with extra assistance or supervision? Yes No

Education/Experience:

Can you read and comprehend information at a ninth grade level or above? Yes No

Occupation: _____

Humane Society/Rescue affiliations, Student Affiliations: _____

Special Skills or Experience working with animals: _____

Why do you want to volunteer at Lafayette Animal Control Center? _____

Volunteering:

Can you commit to at least 3 months of Volunteering? Yes No

Please check the volunteer opportunities in which you would like to participate:

- | | | |
|---|---|--|
| <input type="checkbox"/> Dog and Puppy Socialization | <input type="checkbox"/> Photography | <input type="checkbox"/> Offsite Adoptions |
| <input type="checkbox"/> Cat and Kitten Socialization | <input type="checkbox"/> Special Events | <input type="checkbox"/> Bathing |
| <input type="checkbox"/> Grooming | <input type="checkbox"/> Adoption Website Posting | <input type="checkbox"/> Other: |

Please check the animals you are comfortable handling and working with:

- Cats
 Kittens
 Puppies
 Small/Med dogs
 Med/Large Dogs

Please indicate the time(s) you are available to volunteer between the hours of 8:30 a.m. and 4:30p.m.:

Monday _____ Thursday _____
Tuesday _____ Friday _____
Wednesday _____

I give permission to Lafayette Animal Control Center to verify any information given above.

Volunteer Signature

Date

Please complete this application and mail it to:

Lafayette Animal Control Center
P.O. Box 4017 C
Lafayette, La. 70502

OR

You may drop off the application at the shelter at:
613 W. Pont des Mouton Rd. Lafayette

Please note you will be contacted to attend orientation.