

**OFFICE OF THE SHERIFF**

**Sheriff Dennis L. Dotson**

510 NE Harney Street  
Newport, Oregon 97365  
(541) 265-6610

**LINCOLN COUNTY ANIMAL SHELTER**  
**VOLUNTEER APPLICATION**

Date \_\_\_\_\_

Last Name \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_

Address \_\_\_\_\_

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

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

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

Other Names/Other states of residency: \_\_\_\_\_  
(Maiden, Previous Marriage, Other residences etc.)

Date of Birth \_\_\_\_\_ SSN \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
MM DD YYYY

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Exp. \_\_\_\_\_

Male \_\_\_\_\_ Female \_\_\_\_\_ Marital Status \_\_\_\_\_

Current Employer \_\_\_\_\_ Phone \_\_\_\_\_

Please list two non-family references that we might contact:

(1) \_\_\_\_\_ Phone \_\_\_\_\_

(2) \_\_\_\_\_ Phone \_\_\_\_\_

Do you have current medical insurance coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

Do you agree to be responsible for any and all medical expenses that may arise from your services as a volunteer? Yes \_\_\_\_\_ No \_\_\_\_\_

In the event that staff members are unable to timely reach your Emergency Contact for a medical authorization, do you give consent for LCAS staff members to authorize medical treatment on your behalf? Yes \_\_\_ No \_\_\_

Medical Information:

Emergency Contact Name/ Telephone: \_\_\_\_\_

Name of Insured: \_\_\_\_\_

Name of Insurance Company: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

Name/ Telephone Physician: \_\_\_\_\_

Date of last tetanus vaccination: \_\_\_\_\_

Are you able to lift at least 20 lbs.? Yes \_\_\_ No \_\_\_ 40 lbs.? Yes \_\_\_ No \_\_\_

Do you have pet allergies? Yes \_\_\_ No \_\_\_

Do you have a disability, a mental or medical condition that would prevent or hinder you from working in certain areas of the shelter? Yes \_\_\_ No \_\_\_

If so, what areas of the shelter would you not be able to work in?

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

Area of Interest: Cats \_\_\_ Dogs \_\_\_ Either \_\_\_ Other \_\_\_

If other, explain \_\_\_\_\_

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

How did you hear about us?

Visited shelter \_\_\_ Referred by friend/volunteer \_\_\_ Website \_\_\_

Advertisement \_\_\_ Other (specify) \_\_\_\_\_

Please indicate times you are available to work:

	AM	PM
Sunday	_____	_____
Monday	_____	_____
Tuesday	_____	_____
Wednesday	_____	_____
Thursday	_____	_____
Friday	_____	_____
Saturday	_____	_____

Past Experience with animals \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Previous volunteer experience \_\_\_\_\_  
\_\_\_\_\_

Educational Background \_\_\_\_\_  
\_\_\_\_\_

Current Occupation \_\_\_\_\_  
\_\_\_\_\_

Other Occupational Background/Experience \_\_\_\_\_  
\_\_\_\_\_

Do you have pets? Yes \_\_\_ No \_\_\_ Cats? \_\_\_ Dogs? \_\_\_ Other? \_\_\_\_\_

Interests / Hobbies \_\_\_\_\_  
\_\_\_\_\_

Why do you want to volunteer?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Can you commit to a minimum of 16 hours per month for 6 months? Yes \_\_\_ No \_\_\_

If no, please explain: \_\_\_\_\_  
\_\_\_\_\_

As a condition of volunteering, The Lincoln County Sheriff's Office conducts, at a minimum, a Criminal History Check and a Driver's License Check. Additional checks may be deemed necessary by The Lincoln County Sheriff's Office.

Initial \_\_\_\_\_

I will be performing services for The Lincoln County Animal Shelter on a volunteer basis. I understand that Lincoln County does not provide worker's compensation coverage for volunteers. I understand the risks inherent in the nature of this volunteer work at the Animal Shelter and assume those risks. As a condition of volunteering, I agree to hold harmless and release Lincoln County, its officers, employees, and agents from any and all claims that I or my agents may have for injury or property damage arising from my performance of these volunteer services.

Initial \_\_\_\_\_

As a condition of volunteering, I will be required to sign a confidentiality agreement. I solely will be responsible for any consequences resulting from any breach of confidentiality on my part and that such breach will result in my immediate dismissal as a volunteer for The Lincoln County Animal Shelter.

Initial \_\_\_\_\_

By my signature below, I acknowledge that I have read, understand, and agree to all the terms listed above. I also attest that I am at least 18 years of age and that all information provided above is true to the best of my knowledge.

\_\_\_\_\_  
Signature of applicant

\_\_\_\_\_  
Date

**Staff Use Only**

Animal Shelter      Date Rcv'd \_\_\_\_\_      Date Sent \_\_\_\_\_  
Sheriff's Office      Date Rcv'd \_\_\_\_\_      Date Returned \_\_\_\_\_

Approved \_\_\_\_\_      Not Approved \_\_\_\_\_      Staff ID # \_\_\_\_\_      Date \_\_\_\_\_

Comments : \_\_\_\_\_

H.R. Date Rcv'd \_\_\_\_\_      Reviewed by \_\_\_\_\_      Date \_\_\_\_\_

Date orientation completed \_\_\_\_\_

Animal Shelter notified by \_\_\_\_\_      Date \_\_\_\_\_

Beginning eligible date \_\_\_\_\_      Approved by \_\_\_\_\_