

CALIFORNIA CITY ANIMAL CONTROL

21130 Hacienda Blvd.
California City, CA 93505

Shelter at: 5000 Lindbergh Blvd.
California City, CA 93505
(760) 373-1115 or (760) 373-8608
Fax (760) 373-3645

Shelter Volunteer Program

The Position

The Animal Control Services is looking for volunteers to work at the city shelter. We are looking for adults to assist with all aspects of shelter operations. Some of the duties are but not limited to Shelter maintenance, records, adoptions, dog licensing, shot clinics, receiving pets, animal care and welfare, pet handlers and dog walkers. We would like to find applicants willing to commit to a minimum of 4 hours per week, however if you can only spare the time to walk a dog every day please contact us. The emphasis of the program will be two fold. One, to provide better service to the community and two, improve the care and welfare of the animals at the shelter.

Qualifications

No specific background experience is required, training will be provided to the volunteers to complete the duties requested of them. A minimum age of eighteen (18) years of age is required for insurance and liability reasons. If a sufficient number of applicants under the age of eighteen inquire into the program a special group may be looked into. The department is looking for volunteers with a wide variety of backgrounds and interest, which will complement the program.

Application

Application packets can be obtained at the California City Police Department, the California City Animal Shelter. The applications should be completed and returned to the Police Department at 21130 Hacienda Blvd., California City, CA 93505.

Application packets consist of a simple Volunteer Application, a basic Medical History Form, a letter for release of liability for the purpose of any back ground check to made and a letter of notice of acceptance or denial.

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Name _____ Are you at least 18? _____
FIRST MIDDLE LAST

Address: _____
CITY STATE ZIP

Home Phone () _____ U.S. Citizen Yes ___ No ___ (If no attach copy of Alien Resident Card)

Marital Status: Married ___ Single ___ Widowed ___ Divorced ___ Separated ___

Please indicate the number of Marriages, Divorces, or Separations, and the dates they occurred.

High School Diploma: Yes ___ No ___ Highest Level of Education ___ Diploma Yes ___ No ___

Please list three (3) personal references, (No Relatives) whom have known you at least one (1) year:

Name Address Telephone

Name Address Telephone

Name Address Telephone

LIST CURRENT OR MOST RECENT EMPLOYER:

Address: _____

Job Description: _____

Business Telephone: _____ Dates of Employment From _____ To _____

LIST SECOND MOST RECENT EMPLOYER:

Address: _____

Job Description: _____

Business Telephone: _____ Dates of Employment From _____ To _____

Emergency Contact: Name _____ Phone: _____

Signature _____

Date _____

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Please use additional sheets if necessary.

Please list previous persons you lived with over the past five years, other than spouse(s)

Please include additional information about yourself, hobbies, community interests, clubs, etc.:

Has there been anything in your past, which might disqualify you from functioning in a uniformed (authority figure) position. Yes ___ No ___ If yes, briefly describe:

If you have ever been arrested or convicted for any crime (excluding citations), please give dates and details. (Also list any relatives or close friends that have been convicted of a criminal offense.)

Please list all traffic citations (excluding parking tickets) you have received within the last 7 years. Include violation, date, and state.)

Has your driver's license ever been suspended, revoked, or placed on negligent operator's probation? Yes ___ No ___ If yes, please give full details (include what, where, when, how, and why.)

Any false statement, either verbal or written, may cause the applicant's name to be removed from the eligible list or be cause for immediate dismissal if an appointment is/was made.

Signature

Date

California City Animal Control Shelter Volunteer Application

MEDICAL HISTORY FORM

Have you ever, or do you now have any of the following? For "YES" answers supply full details on the last page. If the condition required hospitalization, check the corresponding box.

CONDITIONS	YES	NO	HOSP.
1. Head Injury	_____	_____	_____
2. Back Trouble	_____	_____	_____
3. Bones or Joints Defects (including amputations)	_____	_____	_____
4. Lameness	_____	_____	_____
5. Rheumatism or Arthritis	_____	_____	_____
6. Trick or Lock Knee/Knee Injury	_____	_____	_____
7. Foot Trouble	_____	_____	_____
8. Eye Injury, Surgery, Disease	_____	_____	_____
9. Have You Ever Worn Glasses/Contact Lenses	_____	_____	_____
10. Hearing Problems (Hard of Hearing)	_____	_____	_____
11. Worn a Hearing Aid	_____	_____	_____
12. Headaches	_____	_____	_____
13. Mental Illness or Nervous Breakdowns	_____	_____	_____
14. Addiction to Drugs or Alcohol	_____	_____	_____
15. Fainting or Dizzy Spells	_____	_____	_____
16. Epilepsy or Seizures	_____	_____	_____
17. Any Disorder of the Nervous System	_____	_____	_____
18. Tuberculosis	_____	_____	_____
19. Other Lung Trouble	_____	_____	_____
20. Shortness of Breath	_____	_____	_____

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CONDITIONS	YES	NO	HOSP.
21. Asthma	—	—	—
22. Poison Oak or Poison Ivy	—	—	—
23. Skin Trouble	—	—	—
24. Sensitive to Dust	—	—	—
25. Other Allergies	—	—	—
26. Frequent Colds	—	—	—
27. Cancer or Malignancy	—	—	—
28. Tumor, Growth or Cyst	—	—	—
29. Any complications from Childhood Diseases	—	—	—
30. Polio	—	—	—
31. Rheumatic Fever	—	—	—
32. Heart Trouble, Including Circulatory	—	—	—
33. High or Low Blood Pressure	—	—	—
34. Varicose Veins	—	—	—
35. Blood Disorders, such as Anemia, Leukemia, or other	—	—	—
35. Liver Ailments, such as Hepatitis, Jaundice, or other	—	—	—
36. Diabetes (Sugar in the Urine)	—	—	—
37. Ulcers or other Stomach Trouble	—	—	—
38. Colitis	—	—	—
39. Gall Bladder Trouble	—	—	—
40. Kidney or Bladder Trouble	—	—	—

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CONDITIONS	YES	NO	HOSP.
41. Piles or Hemorrhoids	___	___	___
42. Rupture or Hernia	___	___	___
43. Mononucleosis	___	___	___

EXPLANATION

Signature _____

Date _____

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Name: _____

Address: _____

Position Applied for: **VOLUNTEER**

I understand that this background investigation is done for employment purposes only. It is to assess qualifications of this specific employment and is no way to be construed as intended for any other purposes.

I understand the I will be given **NO FEEDBACK** or results other than being notified of "Passing" or Not Passing". Also, I acknowledge that these results are confidential and will be the property of the *California City Police Department*, and will not be made available to any other police agency or employer without a Personal Information waiver signed by me.

IF I AM NOT RECOMMENDED FOR THIS POSTION, I understand that this means only that I do not meet the standards established for the position for which I have applied.

Signed

Date