



**STRENGTHENING KIDS & COMMUNITY  
THROUGH ANIMAL INTERACTION**

### **TRAK Volunteer Application**

Please be realistic about your ability to commit your time. Please consider your commitments to work, school, family, etc. Also see how far you'll have to travel to get to TRAK, your transportation, and any upcoming changes in your schedule. While we understand that some obstacles are unforeseen, the animals still depend on the consistency of our volunteers. We would like for new volunteers to be able to commit to a weekly shift for at least 4 consecutive months due to the time and training it takes to learn all of our animals and all that goes into caring for them

We care for more than 100 animals 365 days a year so what we do is a big job and volunteers are an important and integral part of that.

Youth volunteers under 12 will need a parent to accompany them for volunteering.

#### **VOLUNTEER INFORMATION**

Name:

Address:

City:

Zip:

Email Address:

Date of Birth:

Phone Home:

Cell:

#### **BACKGROUND INFORMATION**

Occupation/title:

Employer:

Dates Employed:

Would you like us to keep your employer abreast of your volunteer service and achievement? (*Double-click box you would like to select*)  Yes  No

Highest level of Education:

If still in school, current year in school?

Have you ever pleaded or been found guilty of a felony or a misdemeanor (excluding traffic citations)? \* (Double-click box you would like to select) Yes No

*\*If you answer yes to the previous question, please explain:*

**EMERGENCY CONTACT INFORMATION**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Street Address, City, ZIP: \_\_\_\_\_

**MEDICAL INFORMATION **\*\*INSURANCE INFO REQUIRED\*\*****

Hospital/Clinic Preference: \_\_\_\_\_  
Physician's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_ Policy Number: \_\_\_\_\_  
Allergies/Special Health Considerations? \_\_\_\_\_

Do you or your child take medication? If so how often? Do any of the medications affect balance or judgement?

Are there any behavioral patterns or concerns we should know about?

**AVAILABILITY**

What are your available times and days to volunteer? (Double-click box you would like to select)

*\*Animal care shifts are 7-11am & 4-6pm during the school year, 6-10am & 5-7pm in the summer\**

<b><i>Please check your general availability</i></b>	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM animal care	<input type="checkbox"/>						
PM animal care	<input type="checkbox"/>						
Other availability (Please specify)							

\*\*Please also add me to your substitute and emergency list:  Yes  No

