



Anne Arundel County Police Department
 8495 Veterans Highway Millersville, Maryland 21108
 (410) 222-8050
www.aacounty.org/police



Timothy J. Altomare
 Chief of Police

VOLUNTEER PROGRAM APPLICATION
 FOR ANNE ARUNDEL COUNTY ANIMAL CONTROL

Please carefully fill out this form, providing explanation as necessary, so that we can consider you for our volunteer program. You must be at least 18 years of age to volunteer for Anne Arundel County Animal Control.

NAME: _____
 Last First Middle Maiden

ADDRESS: _____
 Number and Street (Apt. No) City State Zipcode

How long have you lived at the above address? _____ Days/Months/Years (circle one)

PREVIOUS ADDRESS: _____
 Number and Street (Apt. No) City State Zipcode

TELEPHONE: HOME _____ CELL _____ WORK _____

EMAIL: _____ SOCIAL SECURITY #: _____

DRIVER'S LICENSE NUMBER: _____ ISSUEING STATE: _____

BIRTH DATE: _____ SEX: [] Male [] Female

U.S. CITIZEN: [] Yes [] No RACE: _____

EMERGENCY CONTACT: _____
 Name Relationship Phone Number

CURRENT EMPLOYER: _____ OCCUPATION: _____

May we call you at work? [] Yes [] No

Do you have medical insurance? [] Yes [] No
 If yes, please list the insurance company you have a policy with: _____

When would you be ready to begin volunteering? _____
 Length of Commitment _____ (days/months/years/summer only)

Nationally Accredited Law Enforcement Agency

Can you meet the 16 hour monthly minimum requirement for hours of volunteer service to the agency? [] Yes [] No

Please indicate your availability, with a check mark during the days/times you would be available to volunteer, below:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
7 am – 10 am							
10 am – 1 pm							
1 pm – 4 pm							
4 pm – 7 pm							

EDUCATION

	Name & Address of the School	Diploma or Degree Attained	Date(s) Attended
High School			
College			
Continued Education			

Please list the highest level of education attained: _____

Foreign languages spoken: _____ Degree of Fluency: _____

PET HISTORY

Please fill in your current pets information below (use additional paper if needed):

Name	Species	Breed	Age	Sex	Spayed or Neutered?	Location Kept Indoor Only, Indoor/Outdoor, Outdoor Only	AA County License #	Rabies Expiration Date

Veterinary Hospital Used: _____ Veterinarian’s Name: _____

Veterinarian’s Phone: _____

Have you ever had a pet die at an early age or due to an accident? [] Yes [] No

If yes, please explain: _____

OTHER INFORMATION

Please list any previous volunteer experience you have (including community and extracurricular activities): _____

Are you a member of any animal welfare organizations? [] Yes [] No

If yes, please describe how you participate: _____

Are you a member of any organizations, clubs or groups? [] Yes [] No

If yes, please list the groups, clubs or organizations you belong to: _____

Please list special job-related interests and skills to help us identify the best assignment match below:

Please explain briefly why you wish to volunteer with the Police Department's Animal Control Section:

Please describe what animal-related experience you possess (work, volunteer or personnel): _____

Please describe any special skills you have that may contribute to the volunteer program if you are selected: _____

How did you hear about our program? _____

Do you have any physical, medical or psychological limitations or disabilities (i.e. heart condition, mental illness, allergies, old injuries, epilepsy, etc.)? Yes No

If yes, please explain: _____

(Failure to disclose any limitations prior to acceptance will result in dismissal from the Volunteer Program)

Although we make every effort to see that all the animals in our care are adopted, redeemed or rescued, there are instances when an animal becomes unadoptable and is euthanized. How do you feel about this? _____

Have you ever been charged with a crime? Yes No

If yes, please explain: _____

Volunteering for Animal Control is not only animal related. It also involves constant contact with the general public and Animal Control staff. How do you feel about interacting with all types of people? _____

Are you comfortable taking directions from others? Yes No

If no, please explain: _____

Do you understand completion of this application does not mean acceptance into the volunteer program? Yes No

Do you object to:

(1) A background investigation? Yes No

(2) Fingerprinting? Yes No

(3) Your photograph on record? Yes No

Do you agree to abide by the policies and procedures presented to you during orientation and any subsequent training? Yes No

Do you agree to be supervised by the staff of Animal Control? Yes No

Have you read Anne Arundel County's Code of Animal Control Laws? [] Yes [] No
If yes, do you understand and agree with the Animal Control Laws? [] Yes [] No
Do you agree that all information given on this form is true and correct to the best of your knowledge?
[] Yes [] No

AUTHORIZATION FOR RELEASE OF INFORMATION & STATEMENT OF CONSENT

I, _____, do hereby authorize a review of all records, or any part thereof, concerning myself, by and to a duly authorized agent of the Anne Arundel County Police Department, whether the said records are public or private, and including those that may be deemed to be of a privileged or confidential nature. I understand that should any statement I have made prove to be false, misleading or erroneous it may result in rejection of my application or discharge from Volunteer Services.

SIGNATURE OF VOLUNTEER APPLICANT

DATE

NAME PRINTED