



VOLUNTEER APPLICATION

Lubbock Animal Services (LAS)



Please complete this application form and sign up for a Volunteer Orientation session (1st and 3rd Tuesday of every month) if you are interested in becoming an LAS volunteer.

Tell us a little about yourself

Name: _____
(Last) (First) (Middle)

Address: _____
(Street) (City) (State, Zip)

Home Phone: _____ Ok to call me here

Work Phone: _____ Ok to call me here

Cell Phone: _____ Ok to call me here

Email Address: _____

Date of Birth: _____

Gender: _____

Highest Level of Education (circle):	Diploma/GED Some College Associate's Degree	Bachelor's Degree Masters' Degree Doctoral Degree	Trade/Vocational School
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T-Shirt Size: _____



(Continued...)

When can we expect to see you?

Please indicate the days and times you are usually available to volunteer:

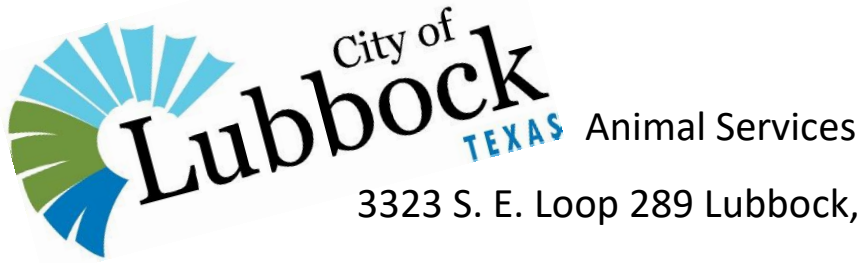
Monday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Tuesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Wednesday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Thursday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Friday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Saturday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening
Sunday	<input type="checkbox"/> Morning	<input type="checkbox"/> Afternoon	<input type="checkbox"/> Evening

Special Skills/Training/Experience?

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Administrative | <input type="checkbox"/> Canine Training | <input type="checkbox"/> Leadership | <input type="checkbox"/> Media & Communications |
| <input type="checkbox"/> Customer Service | <input type="checkbox"/> Community Outreach | <input type="checkbox"/> Event Planning | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Sign Language | <input type="checkbox"/> Spanish Speaker | <input type="checkbox"/> Vet/Vet Tech | <input type="checkbox"/> Teaching & Education |
| <input type="checkbox"/> Other: _____ | | | |

Is Email important?

YES! We like to keep our volunteers informed of important news, event schedules, and volunteer opportunities by email. This is the best way for us to get information to you quickly!



3323 S. E. Loop 289 Lubbock, Texas 79404

806.775.2058 Fax 806.775.2717

WAIVER OF LIABILITY

I, _____, HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I DO HEREBY TOTALLY RELEASE ANIMAL SERVICES AND THE CITY OF LUBBOCK FROM ANY AND ALL CLAIMS, CAUSE OF ACTION OR JUDGEMENTS ARISING FROM ANY OCCURRENCE DURING MY PARTICIPATION AS A VOLUNTEER FOR THE CITY OF LUBBOCK, ANIMAL SERVICES.

Name: _____ D.O.B. _____

D.L.# & State: _____

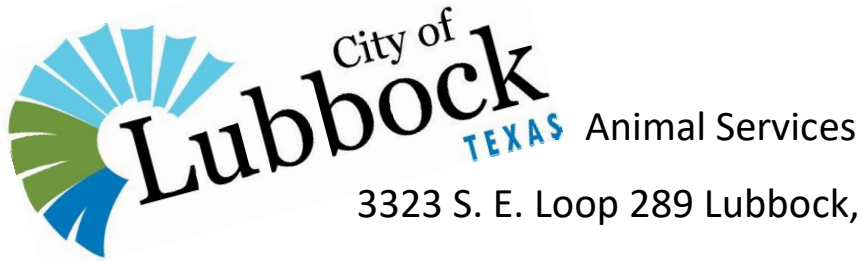
Signature: _____ Date: _____

Staff Initials: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Physician: _____ Phone: _____



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WAIVER OF LIABILITY (Under 18)

I, _____, LEGAL GUARDIAN OF _____ (a minor) HEREBY CERTIFY THAT I AM EIGHTEEN (18) YEARS OF AGE OR OLDER AND THAT I DO HEREBY TOTALLY RELEASE ANIMAL SERVICES AND THE CITY OF LUBBOCK FROM ANY AND ALL CLAIMS, CAUSE OF ACTION OR JUDGEMENTS ARISING FROM ANY OCCURRENCE DURING (HIS/HER) PARTICIPATION AS A VOLUNTEER FOR THE CITY OF LUBBOCK, ANIMAL SERVICES.

Minor's Name (Printed): _____ Minor's D.O.B. _____

Minor's D.L.# & State: _____ Guardian's D.L.# & State: _____

Minor Signature: _____ Date: _____

Guardian Signature: _____ Date: _____

Staff Initials: _____

IN CASE OF EMERGENCY, NOTIFY:

Name: _____ Phone: _____

Physician: _____ Phone: _____