



# Gibson County Animal Services

County Road 175 East ♦ Princeton, Indiana 47670  
Phone: (812) 386-8079 ♦ E-Mail: [gcas175@gibsoncounty.net](mailto:gcas175@gibsoncounty.net)  
Website: [www.gcasonline.org](http://www.gcasonline.org)



## STUDENT VOLUNTEER APPLICATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Parent or Guardian's Name: \_\_\_\_\_

Parent or Guardian Address: \_\_\_\_\_

In case of emergency, please notify: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_ Phone: \_\_\_\_\_

List previous volunteer experience:

Activity	Agency	Dates

List your specific skills and talents that might be useful in your volunteer work: \_\_\_\_\_

\_\_\_\_\_

### YOUR AVAILABILITY

Days and Times Available: *Sunday* \_\_\_\_\_ *Thursday* \_\_\_\_\_  
*Monday* \_\_\_\_\_ *Friday* \_\_\_\_\_  
*Tuesday* \_\_\_\_\_ *Saturday* \_\_\_\_\_  
*Wednesday* \_\_\_\_\_

Are you willing to commit at least 4 hours per month to volunteering at GCAS? \_\_\_\_\_

Do you have any pets at home? \_\_\_\_\_ If yes, what types? \_\_\_\_\_

What areas are you interested in? \_\_\_\_\_

Would you be willing to help out with fund-raising events off property? \_\_\_\_\_

*If you have volunteered for your school or another organization, please provide the name and contact information of a reference with that organization who knows of your abilities and interests.*

<b>School/Group Reference</b>	
Name	
Agency	
Phone Number	
Describe your volunteer assignments and length of time you served with this agency.	

## Volunteer Release Form

I, \_\_\_\_\_, as parent or guardian of \_\_\_\_\_, do hereby fully and forever release and discharge the Gibson County Animal Services and Emmy Corporation, its agents, employees, directors, officers and all liability insurance carriers from all actions, damages or judgments which I may have, now or in the future, against Gibson County Animal Services and/or Emmy Corporation, for all personal injuries to said child, known or unknown and/or arising out of the activities of said child as a volunteer.

The policies, procedures and objectives of the Gibson County Animal Services have been explained to me and I agree to follow and abide by these guidelines. I have read this release, understand all of its terms, and I execute it voluntarily and with full knowledge of its significance.

\_\_\_\_\_  
Signature of Student Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Date



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## VOLUNTEER QUESTIONNAIRE

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1. What attracted you to Gibson County Animal Services? \_\_\_\_\_  
\_\_\_\_\_
2. Do you have a parent or guardian who is willing to volunteer with you? (Applies to those age 13 or younger)  
\_\_\_\_\_
3. What about our program interests you the most? \_\_\_\_\_  
\_\_\_\_\_
4. What are your goals as a volunteer at Gibson County Animal Services? \_\_\_\_\_  
\_\_\_\_\_
5. Would you prefer working alone, in small groups, or in a large group setting? \_\_\_\_\_
6. What hobbies or skills have you developed that might relate to volunteering at Gibson County Animal Services? \_\_\_\_\_  
\_\_\_\_\_
7. Do you prefer working directly with people or are you interested in only working with the animals? \_\_\_\_\_  
\_\_\_\_\_
8. Do you enjoy doing things on the spur of the moment or do you prefer to plan everything in advance? \_\_\_\_\_  
\_\_\_\_\_
9. What questions do you have for us? \_\_\_\_\_  
\_\_\_\_\_