



Gibson County Animal Services



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

VOLUNTEER APPLICATION

Name: _____ Date of Birth: _____

Address: _____ Zip: _____

Employment: _____
Company name Company address

Occupation: _____
(Job title or description)

Phone: (Home) _____ (Work) _____ Email Address: _____

In case of emergency, please notify: _____ 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 8 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 at another organization, please provide the name and contact information of a reference with that organization who knows of your abilities and interests.

Volunteer Reference	
Name	
Agency	
Phone Number	
Describe your volunteer assignments and length of time you served with this agency.	

Volunteer Release Form

I, _____, 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 myself, known or unknown and/or arising out of the activities of myself 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 Volunteer

Date

Signature of Witness

Date



Gibson County Animal Services

VOLUNTEER QUESTIONNAIRE

1. What attracted you to Gibson County Animal Services? _____

2. What about our program interests you the most? _____

3. What are your goals as a volunteer at Gibson County Animal Services? _____

4. How will you know when you have been successful here? _____

5. Would you prefer working alone, in small groups, or in a large group setting? _____
6. What are your specific skills and talents? _____

7. What employment skills have you developed that might relate to volunteering at Gibson County Animal Services? _____

8. Do you prefer working directly with people or do you like applying your skills in technical/clerical areas or are you interested in only working with the animals? _____
9. Do you enjoy doing things on the spur of the moment or do you prefer to plan everything in advance? _____

10. What questions do you have for us? _____
