



# City of Casa Grande

## Casa Grande Animal Care & Adoption Center

### Volunteer Application

Thank you for your interest in volunteering with the Casa Grande Animal Care & Adoption Center. In order to ensure that your time and talents will be best utilized, complete this form and return it to the program coordinator.

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_ (Must be 18)

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

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

Driver's License Number \_\_\_\_\_ Issuing State \_\_\_\_\_ Expires \_\_\_\_\_

Have you ever been convicted of a crime? \_\_\_\_\_ If yes, please explain including dates: \_\_\_\_\_

Have you ever been *arrested* for a misdemeanor or for a felony? \_\_\_\_\_ If yes, please explain including dates and disposition: \_\_\_\_\_

Social Security Number for criminal background check \_\_\_\_\_

Please check all areas you are interested in.

Dog Walking	Reception/Front Desk	Fundraising
Animal Cleaning	Events	Other: _____

A criminal background check will be conducted for all applicants. Volunteer will be fingerprinted if intending to participate in activities that include minors.

Please list any special skills, computer skills, including fluency in foreign language \_\_\_\_\_

How comfortable are you with using e-mail? \_\_\_\_\_

How comfortable are you with using MS Office - Word? \_\_\_\_\_

How comfortable are you with using MS Office – Excel? \_\_\_\_\_

**Employment History (Only list most recent two employers)**

Dates Employed		Name and City/State of Employer	Job Title and Duties
From	To		

Have you ever volunteered for or been employed by the City of Casa Grande? \_\_\_\_\_ If yes, which department and dates \_\_\_\_\_

Indicate days and time of day you will generally be available. This is a guideline for the volunteer program coordinator and is not a commitment to volunteer at these times.

For winter visitors/students, which months will you be available? \_\_\_\_\_

	Monday	Tuesday	Wednesday	Thursday	Friday
A.M.					
P.M.					

I give the City of Casa Grande permission to conduct a background check. I understand that any deliberate misstatements, false or misleading information given in this application may result in forfeiture of eligibility to participate in any fire department volunteer program. I understand that this application is not intended to be a contract of any kind. I understand that, since I am not an employee of the City of Casa Grande, I assume all risk of injury, loss or damages of any nature. I understand that sharing confidential and/or sensitive information by me, when not authorized, is a violation of State and Federal privacy laws and may be punishable by criminal and civil prosecution.

Applicant Printed Name \_\_\_\_\_

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Return application to: Casa Grande Police Department

CGPD Volunteer Coordinator  
373 E. Val Vista Blvd.  
Casa Grande, AZ 85122  
520-421-8711, ext. 614  
WLloyd@casagrandeaz.gov

The Volunteer Coordinator will contact you to schedule a brief interview as positions become available. This will provide you with an opportunity to ask questions and discuss goals.

*Thank you for volunteering!*