



## Glynn County Animal Control Youth Volunteer Application

(Ages up to 17 years old)

Name: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Age: \_\_\_\_\_ \_\_ Dogs \_\_ Cats \_\_ Paws to Read \_\_ Events

Other: \_\_\_\_\_

Parent/Guardian's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Parent's Email Address: \_\_\_\_\_

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

Days and Times Available to Volunteer: \_\_\_\_\_

Prior Experience with Pets: \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

Hobbies/Interests: \_\_\_\_\_

Why Do You Want To Volunteer with GCAC? \_\_\_\_\_

\_\_\_\_\_  
\*\*I agree to follow the rules and listen to the instructions given by Glynn County Animal Control staff while I am volunteering. I also agree to dress for safety (no flip flops). I understand that not all animals at the shelter will be friendly.

\_\_\_\_\_  
Volunteer's Signature

### PERMISSION FOR THOSE UNDER 18 YEARS OF AGE TO VOLUNTEER

- As a parent of legal guardian of the above-mentioned volunteer, I hereby give my consent to allow this child/ward to volunteer for Glynn County Animal Control as described within the GCAC Volunteer Agreement and Release.
- I agree to also complete necessary orientation and training and complete paperwork.
- I understand that I am responsible for directly supervising this youth during his/her volunteering service and to not leave him/her unattended at any time.

\_\_\_\_\_  
Parent's/Guardian's Signature

\_\_\_\_\_  
Date