



Mark A. Marshall  
Sheriff

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# ISLE OF WIGHT COUNTY SHERIFF'S OFFICE

## Animal Services Division

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P.O. Box 80 · 13044 Poorhouse Rd. · Isle of Wight, VA 23397  
Phone (757) 365-6318 · Fax (757) 365-0440

### Shelter Volunteer Application

Thank you for your interest in volunteering to help the animals at our shelter. Our volunteers are a valuable part of our shelter team, and our animals rely upon the care they offer. The areas in which we use volunteer help include:

- Cleaning of all cages and pen
- Walking dogs
- Spending quality time with both dogs and cats
- General organizational tasks
- Bathing and grooming dogs
- Filing paperwork and assisting the office staff
- Helping with adoption events

**My Information:**

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Age \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Email Address \_\_\_\_\_

Employer \_\_\_\_\_ City, State \_\_\_\_\_

Current School (if applicable) \_\_\_\_\_

What is the best way to contact you? (if by phone, please state home/work/cell/text) \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you have a current driver's license? State: \_\_\_\_\_ DL #: \_\_\_\_\_

**Emergency Contact Information:**

Name \_\_\_\_\_ Relationship to you \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Employer \_\_\_\_\_ City, State \_\_\_\_\_

**What IOW Animal Shelter asks of Volunteers?**

**Consistency:** Our animals need this and so do we. If you can let us know what your desired schedule is we will try to accommodate to this so that you can have ample time with the animals. We know that life gets pretty busy and not everyone has a lot of time to give. But we do ask that if you apply to volunteer, you plan on putting in a reasonable number of hours each month to ensure that the staff and animals are receiving quality help.

**Dedication:** We certainly realize that shelter work can often be unglamorous, thankless, and grueling. Please let the thankful eyes of the animals be continual reminder of how important our work is. Together we can save lives and provide these animals with healthy, new beginnings. We hope you'll find this experience rewarding.

**Reliability:** We ask that you try to volunteer as much as your schedule allows. As a volunteer, we also expect you to complete your duties to the best of your abilities. There are a lot of daily tasks to complete around the shelter and we want to make sure they are completed properly to ensure the health of our animals and up keep of our facility.

**Do you have any experience, skills or training in the following areas?**

- Dog Training       Grooming       Fundraising       Veterinary Assistance
- Animal Rescue       Kennel Assistant       Writing       Animal Trapping       Photography
- Other \_\_\_\_\_

**What type of volunteering are you interested in doing?**

- Fundraising       Transport       Foster Care       Photography       Yard Work
- Dog Care       Cat Care       Organizing       Laundry       Socializing
- Kennel Cleaning       Assist at Event       Facility Care       Story Writing       Bathing
- Other \_\_\_\_\_

**If you have volunteered at another shelter, please include its name and location** \_\_\_\_\_

**Do you prefer to work with cats or dogs?** \_\_\_\_\_

**What animals live at your house?** \_\_\_\_\_

**Do you have any allergies to animals?**     YES     NO

If so, please explain: \_\_\_\_\_

**Do you have any physical limitations we should know about?**     YES     NO

If so, please explain: \_\_\_\_\_

**What motivates you to volunteer at the IOW Animal Shelter?**

\_\_\_\_\_  
\_\_\_\_\_

**Have you ever been convicted of animal cruelty, neglect, or abandonment in this state or any other state?** YES NO

If yes, please explain \_\_\_\_\_

We would like to be able to participate in more events and get our volunteers involved in the promotions of the shelter during events, ex. The Isle of Wight County Fair and the Smithfield's Farmer Market are a HUGE opportunity for volunteers to get involved. **Should we contact you with schedules for these events?**    \_\_\_ YES    \_\_\_ NO

**Please list days of the week and times that you would be available. We are open seven days a week.**

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_

\*Tuesday and Thursday afternoons are normally when the groomer and/or vet works. If you are interested in assisting with either one of those, please ask staff for schedule for that week and we will advise which day is best.

\*Friday, Saturday and Sunday are ALWAYS BUSY days and sometimes we turn out to be understaffed, so volunteers would be extremely helpful on those days!

**IMPORTANT NOTES:**

- 1. The Isle of Wight Animal Shelter is an open access shelter, which means we accept all animals regardless of age, health, or temperament. Because we accept all animals surrendered to us as well as strays, we occasionally must euthanize animals who do not meet our health or temperament requirements. We also sometimes must euthanize animals due to space limitations. Please let us know if you have any questions about this policy.***
- 2. The Isle of Wight Animal Shelter is committed to positive and enduring community relationships, and all staff and volunteers are expected to uphold that commitment. By signing this application you are indicating that you understand and will conduct yourself accordingly.***

**RELEASE OF LIABILITY**

I do hereby acknowledge and assume any and all risk of personal injury or property damage or loss occasioned by or resulting from any participation as a volunteer in activities relating to the operations of the Isle of Wight Sheriff's Office Animal Services Division shelter (IOW Animal Shelter). I further agree to release the Isle of Wight Sheriff's Office (IOWSO), Isle of Wight County, the Board of Supervisors, Constitutional Officers, employees, staff, volunteers, and/or agents from all causes of action and claims of personal injury or property damage or loss of any kind which may be suffered by me. I hereby waive all legal rights and claims which I might otherwise assert or maintain against IOWOS, Isle of Wight County, or any other persons listed above, including but not limited to rights arising from or claims for the acts or omissions, fault, or negligence in any degree of IOWSO, Isle of Wight County, or any of the persons listed above.

I understand and agree that neither Isle of Wight County nor any of the persons listed above shall be liable or responsible for any medical or related costs I may incur as a result of my participation in the Animal Shelter operations or activities.

\*My signature below indicates that I have read and understand the above Release of Liability. I also acknowledge that all information in this application is true and I agree to the terms in this application.

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

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Parent's Signature if under 18 years old

**PLEASE COMPLETE THE AUTHORIZATION FOR CRIMINAL HISTORY CHECK ON NEXT PAGE**

## **AUTHORIZATION FOR CRIMINAL HISTORY CHECK**

I do hereby authorize a criminal history record check concerning myself by and to duly authorized agents of the Isle of Wight Sheriff Office's Animal Services Division and the Isle of Wight Animal Shelter. I understand that the intent of this authorization is to provide information for the specific purpose of pursuing a background investigation which may provide pertinent information for the Isle of Wight County Sheriff's Office to consider in determining my suitability for volunteer services at the IOW Animal Shelter.

ALL fields must be completed in order to carry out the criminal history record check. Failure to supply all requested information will prevent your application from being processed.

**PLEASE PRINT NEATLY**

Full Name: \_\_\_\_\_

Maiden name if applicable: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

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

Gender: \_\_\_\_\_

Race: \_\_\_\_\_

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

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_