

**LINCOLN COUNTY ANIMAL CONTROL**

418 MINERAL AVE  
LIBBY, MT 59923  
406-293-4040

**VOLUNTEER APPLICATION AND RELEASE FORM**

(Please complete this form and return it to LCAC.)

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_(H)  
\_\_\_\_\_ (W)

Address: \_\_\_\_\_ City: \_\_\_\_\_  
Zip Code: \_\_\_\_\_

SSN#: \_\_\_\_\_

Age, if under 18 \_\_\_\_\_ Date of application: \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Telephone: \_\_\_\_\_

Pet owning history: what kind of pets have you owned, and for how long?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever worked with animals (other than your own)? Yes \_\_\_ No \_\_\_  
If yes, in what capacity? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How often would you like to volunteer?  
Once/week \_\_\_\_\_ Special events, as needed \_\_\_\_\_  
Twice/week \_\_\_\_\_ Other (please explain) \_\_\_\_\_  
Every other week \_\_\_\_\_ Would you be interested in helping with foster care? \_\_\_\_\_

For how long a period are you hoping to volunteer?  
On an ongoing basis \_\_\_\_\_  
Temporary (for ex, summer only) \_\_\_\_\_ Please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please circle all days and times in the following schedule that you are available to volunteer.

DAYS:	Mon	Tues	Wed	Thurs	Fri	Sat
HOURS:	AM PM	AM PM	AM PM	AM PM	AM PM	AM PM

OR SPECIFY:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

As a volunteer at the shelter some of the following tasks **will** be a part of your regular routine:

Cleaning dog and cat cages  
Handling cats and dogs  
Some dog walking  
Yard and Building Maintenance

Sweeping and mopping floors  
Disinfecting Animal Areas  
Cleaning dishes and laundry  
Clerical Work

Are there any tasks listed that you would not be able to perform? Yes \_\_\_\_ No \_\_\_\_

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

Are there areas of specific interest, skill, or training that you would like to perform?

Yes \_\_\_\_ No \_\_\_\_

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

Are you allergic to dogs, cats or products such as flea products, bleach, etc? Yes \_\_\_\_ No \_\_\_\_

Are you Pregnant (pregnant women are susceptible to a contagious cat disease called  
Toxoplasmosis) Yes \_\_\_\_ No \_\_\_\_

Do you have a current tetanus shot? Yes \_\_\_\_ No \_\_\_\_

Reference: Please give us the name and phone number of someone (unrelated) who knows you well that we may contact.

Name: \_\_\_\_\_ Telephone #s: \_\_\_\_\_

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**CONSENT AND GENERAL RELEASE FORM**

I, \_\_\_\_\_, am volunteering for assignments at a Lincoln County Animal Control facility entirely upon my own initiatives, risks and responsibility. Therefore, in consideration of the permission extended to the LCAC program, officers and agents, I hereby, for myself, my heirs, my executors and administrators, remiss, release and discharge Lincoln County and its employees from all claims, demands, actions or causes of action, on account of any injury to me which may occur during my volunteer assignment.

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

Signed: \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18, form must be signed by parent or legal guardian)

I give my permission for the staff of the Lincoln County Animal Control to seek emergency treatment for me, \_\_\_\_\_ or, if under 18 years of age, my child \_\_\_\_\_ in case of accident or injury.

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(if under 18, form must be signed by parent or legal guardian)

I have been provided and have read the County Volunteer Policy Statement ( Dated 2-21-02 ) and all County Rules and Policies pertaining to my volunteer assignment. I have also completed a shelter orientation.

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

Signed \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature of control officer)

This application and agreement expire one year from date of signature.