



PIMA COUNTY HEALTH DEPARTMENT
PIMA ANIMAL CARE CENTER
4000 N. SILVERBELL RD • TUCSON, AZ 85745
(520) 243-5900 FAX (520) 243-5960

VOLUNTEER APPLICATION

Name:		Date:
Address:		Phone:
City:	State: Arizona	Zip:
Email:		Over 15 ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Best time to reach you:		Over 18 ? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please check one: Are you fulfilling a Court ordered requirement school requirement
 Other requirement – please explain
Number of hours required _____ Date hours need to be completed _____
 I am not seeking a volunteer position to fulfill any type of program requirement.

Occupation: _____ Employer: _____
Students: School _____ Year: _____ Major: _____
Do you volunteer elsewhere? _____ If so where? _____

What type of experience do you have working with:
Animals:

People/Customer Service:

Please list 2 non-family references whom we may contact as references:

Name: _____ Phone: _____
Name: _____ Phone: _____

Why are you interested in volunteering at PACC?

What type of volunteer position interests you?

Dog Walking Program
 Animal Shelter Office/admin Presenter/Special Events Dog Evaluation/Training Other

What days and times are you available to volunteer?

Mon. Tues. Weds. Thurs. Fri. Sat. Sun. Morning Afternoon Evening

Signature: _____

Parent/Guardian (must sign if under 18): _____

RETURN COMPLETED APPLICATION TO
Pima Animal Care Center Volunteer Program 4000 N. Silverbell Rd. Tucson, AZ 85745
520.243.5906 Fax 520.243.5960 5/07