

NEWAYGO COUNTY ANIMAL SHELTER



VOLUNTEER APPLICATION

APPLICANT NAME: _____

DATE OF COMPLETION: _____

INVESTIGATING OFFICER: _____

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NEWAYGO COUNTY SHERIFF'S OFFICE
BACKGROUND INVESTIGATION QUESTIONNAIRE

IMPORTANT

THIS QUESTIONNAIRE PROVIDES THE BASIS FOR THE
AFOREMENTIONED INVESTIGATION. COMPLETION OF THIS
QUESTIONNAIRE IS MANDATORY

FALSE OR MISLEADING INFORMATION WILL BE GROUNDS
FOR DENIAL

**AUTHORIZATION FOR
RELEASE OF INFORMATION**

TO WHOM IT MAY CONCERN:

I hereby authorize any representative of the Newaygo County Sheriff's Office bearing this Authorization to obtain information from your files or other sources pertaining to my personal background including, but not limited to, the histories/records below:

EMPLOYMENT	ATTENDANCE RECORDS
CRIMINAL HISTORY	PERSONAL HISTORY
FINANCIAL/CREDIT	DISCIPLINARY ACTIONS
ACADEMIC RECORDS/SCHOOL COUNSELING RECORDS	ATHLETIC RECORDS
MORTGAGE RECORDS & PAYMENT SCHEDULES	UTILITY BILLS
ACHIEVEMENTS	
SOCIAL MEDIA ACCOUNTS	DRIVING RECORD

I hereby authorize you to release such information upon the request of the bearer. This Authorization is executed with the full knowledge and understanding that the information is for official use by the Newaygo County Sheriff's Office.

This Authorization shall continue in effect until revoked by me in writing. A photocopy of the Authorization shall have the same force as the original.

FULL NAME: (Typed or Printed)	SOCIAL SECURITY NO.	DATE OF BIRTH
CURRENT ADDRESS: (No., Street, City, State, Zip)		TELEPHONE NO.
DRIVER LICENSE NO:		STATE ISSUING
SIGNATURE		TODAY'S DATE

*THIS INFORMATION IS CONFIDENTIAL.
DISCLOSURE OF CONFIDENTIAL INFORMATION
IS PROTECTED BY THE FEDERAL PRIVACY ACT.

AUTHORITY: 1935 PA 59
COMPLIANCE: Voluntary

ANIMAL SHELTER VOLUNTEER POLICY

Volunteers may be utilized at the Newaygo County Animal Shelter with the approval of the Sheriff under the terms of this policy.

The Volunteers shall operate under a job description approved by the Chief Animal Control Officer. Generally, the volunteers shall provide specialized services not normally provided by shelter personnel. This shall include such tasks as dog walks, dog and cat grooming, dishes, laundry, sweeping, etc. At no time, shall a volunteer handle a dog/cat known to be vicious or in quarantine. All volunteer work must be done on-site and under the direct watch of a shelter employee.

The director has the sole discretion to determine the schedule of volunteers, modify schedules and determine the size of the volunteer force at any given time.

At no time shall a volunteer be considered an employee or compensated. All necessary supplies shall be provided by the shelter.

To be considered as a potential volunteer, the interested applicant shall:

- Be of legal age (18 or over)
- Submit a Newaygo County Animal Shelter Volunteer Application
- Be interviewed by the Director
- Have a suitable background

If accepted, the volunteer candidate must sign a waiver and complete an orientation session.

I understand that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, I release, discharge, indemnify and hold harmless the Newaygo County Animal Shelter and its directors, employees, and agents from all claims, causes of action and demands of any nature, whether known or unknown, arising out of, or in connection with my volunteer activities.

As part of my application, and if accepted, I agree to the terms and condition of the Newaygo County Volunteer Program.

Volunteer Signature

Date

AUTOBIOGRAPHY

Provide us with a written explanation an wanting to become a volunteer.

INSTRUCTIONS:

- Print in your own handwriting.
- Use black ink pen or ballpoint, no pencil.
- Sign your autobiography by using your normal signature.

CONTROLLED SUBSTANCE USE

Have you recently used any “controlled substance” without a valid medical prescription or in excess of the medically prescribed dosage? ↑YES ↑NO If yes, provide details:

- **Applicant will be required to pass a drug screen (including THC)**

PERSONAL REFERENCE

NAME: _____

ADDRESS: _____

PHONE: _____

****Please provide a copy of your driver's license with this application.**

Volunteer Signature

Date