

CUYAHOGA COUNTY VOLUNTEER APPLICATION

****Please Print****

Date _____

Name _____

Last

First

Middle

Address _____

Street

City

State

Zip

Date of Birth ___/___/___ Age _____ Email Address _____

Home Number _____ Cell Number _____

Criteria: Must be ages 16 and up. (Those 16 and 17 must have parent/ guardian attend volunteer orientation with minor as well as sign youth waiver)

*Ages under the age of 16 may be eligible to volunteer in a non-dog handling position, contact the Volunteer Coordinator at 216 525-4824 or jhuettich@cuyahogacounty.us

Which of the following are you interested in applying for:

_____ Animal Care Assistant (socialize with dogs, walk, train, playgroups)

_____ Groom Mate (bathe dogs, *groom,*nail trims) **Must have experience in grooming or animal care*

_____ Events/Fundraiser Friend/Pet Publicist, (promote adoptable dogs and CCAS at events and on social media)

_____ Office Assistant (range of duties includes clerical, greeter, light cleaning)

_____ Junior Shelter Assistant (non- dog handling, treat & toy making, event decorating, food prep, light cleaning)

Days and Times you can commit to during the week.

Most shifts require a 4-6month commitment at 8hrs/month*

***Month and hourly commitments vary depending on which job you are applying**

See below for an example of shift guidelines:

	10:00am-12pm	12pm-2pm	2pm-4:00pm	4:00-6pm
Sunday				N/A
Monday				N/A
Tuesday				N/A
Wednesday				N/A
Thursday				
Friday				
Saturday				N/A

Can you commit to a scheduled shift? _____

Please list special skills that you can bring for the positions you are applying for:

Have you been convicted of a felony? ____ Yes ____ No

If yes, please explain fully _____

How did you hear about us?

____ Friend or Family Member ____ Newspaper Article ____ CCAS Website ____ Walk In
____ Other _____

Do you have any health problems that would limit your activity? ____ yes ____ no

If yes, please explain _____

IN CASE OF AN EMERGENCY PLEASE NOTIFY:

Name _____
Last First Middle

Address _____
Street City State Zip

Home Number _____ Work Number _____ Cell Number _____

I, _____, hereby fully and forever waive, release, and hold harmless, the **Cuyahoga County Animal Shelter** and the **County of Cuyahoga, Ohio**, together with carriers, from all actions, claims, of every nature whatsoever, damages and judgments which I may have now or in the future against the **Cuyahoga County Animal Shelter** and the **County of Cuyahoga, Ohio** for all injuries to myself and damages, known and unknown, and or arising out of myself as a **Volunteer of Cuyahoga County Animal Shelter**.

I, the undersigned, have read this waiver and release, understand all of its terms and I execute it voluntarily and with full knowledge of its significance.

Signature: _____ Date _____

Parent/Guardian Signature if Under 18: _____ Date _____

Please understand that the Volunteer Coordinator and/or Kennel Management are allowed to deny or terminate a volunteer at any time.

Submit or Mail Applications to:
Cuyahoga County Animal Shelter
Attn: Jen Huettich
9500 Sweet Valley Drive, Valley View, Ohio 44125
jhuettich@cuyahogacounty.us