



Skiatook Animal Control



Volunteer Application

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Cell phone number: _____

Email (primary method of contact): _____

Driver's license number: _____

Employer/Occupation: _____

Birth date: _____ If not at least 18 years of age, what is your age? _____

All volunteers under 18 MUST have a parent fill out an application as well.

Emergency contact: _____

Primary phone number: _____

Relationship: _____

Are you volunteering for court appointed community service time? YES NO

If yes, you **MUST** submit a copy of your court paperwork with this application to be considered.

Have you ever been convicted of a felony or misdemeanor or have felony charged pending? YES NO

If yes, please explain: _____

Do you have any physical, mental or medical disabilities that would prevent you from fulfilling all volunteer duties assigned? YES NO

If yes, please explain: _____

Do you consent to a background check? YES NO

If no, please explain:

By signing below, you certify that all information provided in this application is true, complete, and accurate to the best of your knowledge. You further authorize the Skiatook Police Department to conduct a background check, if deemed necessary, as part of the volunteer process.

Applicant signature: _____

Date: _____