



**CECIL COUNTY, MARYLAND**  
**Department of Community Services**  
**Animal Services Division**

**Return completed volunteer applications to:**  
Cecil County Animal Services, ATTN: CCAS Volunteer Program  
3280 Augustine Herman Hwy., Chesapeake City, MD 21915

**Volunteer Application**

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone (daytime): \_\_\_\_\_ Email: \_\_\_\_\_

Are you 18 years of age or older?  Yes  No Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

***Volunteers under the age of 18 must have parental/guardian consent; volunteers younger than the age of 15 must be accompanied by a parent/guardian.***

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

Phone: \_\_\_\_\_

Relationship to Volunteer: \_\_\_\_\_

Why do you want to volunteer with Cecil County Animal Services? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Do you have any experience with animals?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Are you currently volunteering?  Yes  No If yes, please list where: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

If you are currently employed, please list your place of employment:

\_\_\_\_\_  
\_\_\_\_\_

Please list any skills, training, certifications:

\_\_\_\_\_  
\_\_\_\_\_

Do you have health insurance?  Yes  No

**Please indicate your area of interest and your availability:**

Animal Care:							
<input type="checkbox"/> Cat Cuddler <i>(must be able to lift cats and kittens)</i>	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<input type="checkbox"/> Dog Deputy <i>(must be able to restrain strong, large dogs, including being able to lift at least 50 lbs.)</i>	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Shelter Operation/Care:							
<input type="checkbox"/> Front Desk/Greeter	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<input type="checkbox"/> Grounds/landscaping	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<input type="checkbox"/> Cleaning	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
Other:							
<input type="checkbox"/> Events/fundraising, etc.	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<input type="checkbox"/> Animal transport	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<input type="checkbox"/> Foster Care <i>(requires separate application)</i>							

Thank you for your interest in volunteering with Cecil County Animal Services (CCAS). All applicants will be reviewed on an individual basis; volunteer placements will be made based on applicants' skills and interests and the current needs of our program. If offered a volunteer placement, all individuals will be required to enter into, and strictly adhere to, a CCAS Volunteer Program Policy & Volunteer Agreement with Cecil County Government describing volunteer roles and responsibilities, volunteer conduct, and the expectations of the Animal Services Division.

**Please note:** To ensure and promote a safe Animal Shelter program and environment, we will perform background checks (criminal, driving record, references) on individuals who will have direct contact with animals. Additional information, including permission to conduct the background checks, will be requested during volunteer interviews and/or volunteer orientation.

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
*(If volunteer is under the age of 18)*