



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 that may contribute to the mission of CCAS:

Do you have health insurance? Yes No

Please indicate your area of interest from the options below:

Paw Patrol: Kennel Cleaning, Walking Dogs, Enrichment and Playtime

Kitty Committee: Kennel Cleaning, Cat Cuddling, Enrichment

Special Events: Outreach and Fundraising

Administrative: Greeting People, Filing, Phones, Data Entry, etc.

Fostering: Caring for underage, terminal, senior, or stressed pets in a home setting.

Grounds Galore: Maintaining gardens, pond, trash pick-up, etc.

Faithful Farmers: Barn and Area Maintenance, Farm Animal Husbandry, Barn Kitty Care

Community Cat Coalition: Trapping, Feeding, Colony Mapping, Returning Cats to area colonies

Photography: Taking photos to increase adoption or photos at events

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)