



SAVANNAH-CHATHAM METRO POLICE

Chief Joseph "Jack" Lumpkin, Sr.

SCMPD Animal Control
7211 Sallie Mood Dr.
Savannah, Ga 31406
912-351-6750

Volunteer Coordinators:
Jodi Lewis/Tara Olson
jlewis01@savannahga.gov or tolson@savannah.gov

We thank you for your interest and willingness to serve the Animal Control shelter and the animals we care for. This center strives for excellence in serving both the public and the animals within. The help of volunteers is vital to what we do.

*****Only completed applications can be considered.**

Do you have medical insurance? Yes/No *Note: You must have medical insurance to volunteer at SCMPDAC.*

Date of last tetanus vaccination _____

Full Name: _____ Date: _____

Address: _____ Apt #: _____

City: _____

State: _____ Zip: _____ Email: _____

Date of Birth: _____ *Note: You must be 17+ to volunteer in the shelter independently.*

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer's Phone: _____

Highest Level of Education Completed: _____

Emergency Contact Full Name: _____

Emergency Contact Phone Number: _____ Relationship: _____

Why are you interested in volunteering at SCMPDAC?

Are you volunteering to complete:

Court-ordered community service? Yes/No

Graduation requirement or school project? Yes/No

Internship? Yes/No

If yes to any, please explain

Please note that court ordered individuals must attend orientation on Wednesdays 8:30 to 9:30 a.m.

School hours require a minimum of 6 month commitment

If interested in animal handling, because of the training involved, SCMPDAC requires an applicant to donate at least 8 hours per month for at least 6 months. Short-term volunteering is accepted, but in areas outside of animal handling. Please check one of the following:

I am interested in animal handling and can volunteer ≥ 8 hours per month for ≥ 6 months. These hours will be scheduled.

I am interested in helping as a short-term volunteer, but understand I will not have direct animal contact.

Please list experiences you have handling animals. Include experiences handling larger dogs.

Please list any special skills that you think may be useful to volunteering here.

How did you first hear about SCMPDAC? _____

Have you ever volunteered or worked for SCMPDAC in the past? If yes, what tasks did you perform? If yes, why did you leave?

Are you currently volunteering, or have you previously volunteered, for any community or charitable organization? If so, which organizations, and what were your tasks?

Do you have any health conditions (physical, mental, or emotional) that may prevent you from performing certain tasks? If yes, please explain the condition(s), and any special accommodations you may need. _____

Have you ever been convicted of:

An animal abuse offense? Yes/No

A drug offense? Yes/No

Any other offense (other than traffic infraction) Yes/No

If yes to any, please explain and list State of Offense

Have you ever been terminated from a volunteer or paid position? If yes, please explain.

Please check ALL areas you are interested in volunteering in:

Animal Care Volunteer:

- Cat Enrichment (Plays, socializes, grooms, etc)
- Dog Enrichment (Walks, plays, socializes, grooms, etc)
- Laundry
- Dishes
- Animal Caretaker (Assist in cleaning of animal kennels)
- Trainer (Train basic behaviors, etc)
- Play Group (Assist in our off-leash playtime for dogs)

Customer Service Volunteer:

- Greeter (Greet guests in lobby, directs them to proper place, & answers all customer questions)
- Office Assistant (Assist with answering phones and general office duties such as filing or organizing)

Community Programs Volunteer:

- Low-cost Vaccination Clinic (Assist with forms, etc)
- Events (Assist with various community/shelter events)

Other:

- Decorator (Assist with decorating the lobby and hallways for specials and holidays)
 - Grounds Maintenance
 - Laundry/Dishes
 - Other
-

Availability:

What days are you available? M___T___W___TH___F___SA___SU___

What hours are you available?

Reference Name _____ Phone _____ Relation _____
Reference Name _____ Phone _____ Relation _____

All volunteer applications are reviewed by the Volunteer Coordinators. Selected applicants are contacted with interview date and time. Selection of volunteers is based on the interests and skills of the volunteer, ability to demonstrate a commitment to the volunteer program, and current needs of the organization.

I verify all information provided is correct and accurate. I give permission to SCMPDAC to verify any information given and to perform a background check.

Applicant's signature _____ Date _____

Applications can be submitted by email, in person or by mail. Please do not fax applications.