



Rangely Police Department

Chief of Police TiRynn Hamblin
Thamblin@rangelyco.gov

Volunteer Application

Date of Orientation: _____

Please write legibly

Name First and Last: _____

Cell Phone Number: _____ **Home Phone Number:** _____

Physical Address: _____ **City:** _____ **Zip Code:** _____

Mailing Address: _____ **City:** _____ **Zip Code:** _____

Email Address: _____

In case of emergency, please notify:

Name: _____ **Relation:** _____

Cell Phone Number: _____ **Home Phone Number:** _____

Children:

All children under the age of 14 must be accompanied by an adult at all times, who has attended Volunteer Orientation. An adult may only accompany up to two children under the age of 14 at one time. This is will the exception of a special arrangement set in advance.

Child(ren)'s name(s) and birthdate(s)

TURN OVER →

407 ½ Bronco Rd., Rangely, CO 81648
Phone (970) 675-8466 Fax (970) 675-2609
Website www.rangely.com

Are you under the age of 18? (circle one) Yes No Birthdate: _____

If yes, you **MUST** have your parent or legal guardian sign on the signature line.

Parent Signature: _____ Print Name: _____

Date Signed: ___/___/___

COMMUNITY SERVICE – If you have a court order to perform community service you need to contact Shelter Manger Carlson at kcarlson@rangelyco.gov or (970)675-8466.

Volunteering walking dogs or socializing cats cannot be part of you community service work hours unless other arrangements have been made.

Please note if you have any form of heath insurance coverage: Yes No

Are you volunteering as part of a school or academic program requirement? Yes No

If yes, what school or institution are you affiliated with? _____

Why are you interested in volunteering at our shelter? _____

Please list any previous volunteer experience(s), or any special skills, abilities, or hobbies that would be helpful at the shelter.

Please describe any and all previous experience(s) you have had working with Animals.

TURN OVER →

Do you have any physical limitations, including allergies that would limit your ability to preform the work you will do volunteering at the shelter? If so, please describe:

What are your feelings about euthanasia (causing a humane or painless death or an animal by the injection of a barbiturate)? **Please note that we do not euthanize on a daily basis or do we want to euthanize. Sometimes for the safety of the public or for health reasons, sometimes euthanasia is preformed and is never directly involved with you the volunteer.**

Please list a personal reference (someone not related to you)

Name: _____ Phone Number: _____

1. You must meet with a staff member for a brief orientation before you may volunteer.
2. You are welcome to come and volunteer as much as you can.
3. We recommend you have you own health insurance coverage before beginning your work as a volunteer. As worker's compensation coverage does not apply to volunteers.

All potential volunteers over 18 years of age are subject to a criminal background check at the discretion of the Town. The Town reserves the right to deny volunteer opportunities to individuals based upon the results of the background check.

Signature: _____ Date of Birth: _____

Date Signed: _____