



## Clovis Police Department Animal Services Division

1233 Fifth Street • Clovis, CA 93612  
559-324-2450



Dear Applicant,

Thank you for your interest in serving as a Volunteer for the Miss Winkles Pet Adoption Center with the Clovis Police Department's Animal Services Division. In order to proceed to the next step of the application process, we ask that you please complete the enclosed *Volunteer Application, Letter of Understanding and Agreement, and Volunteer Applicant Agreement and Release Form*. All documents must be completed in their entirety, in order for your application to be considered.

Mail completed documents to:

Clovis Police Department  
Attn: Erin Ford-Horio  
1233 Fifth Street  
Clovis, CA 93612

Please feel free to contact me at [erinf@cityofclovis.com](mailto:erinf@cityofclovis.com) with any questions regarding these documents and/or the application process. Thank you for your interest in the animals of Clovis!

Sincerely,

Erin Ford-Horio, MPA  
Clovis Police Department



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## VOLUNTEER APPLICATION

**18 YEARS OF AGE AND OVER**

FULL NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

ANY PREVIOUS NAMES OR AKAS: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONES: HOME(\_\_\_\_) \_\_\_\_\_ WORK(\_\_\_\_) \_\_\_\_\_ CELL(\_\_\_\_) \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ E-Mail: \_\_\_\_\_

### EMPLOYMENT INFORMATION FOR THE LAST FIVE (5) YEARS - LIST THE MOST RECENT EMPLOYER FIRST.

COMPANY NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE/DUTIES: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE/DUTIES: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_ PHONE:(\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

FROM: \_\_\_\_\_ TO: \_\_\_\_\_ JOB TITLE/DUTIES: \_\_\_\_\_

Have you ever been fired, released from probation, or asked to resign from any place of employment or volunteer service?

Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain \_\_\_\_\_

### PERSONAL INFORMATION

Are you bilingual? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what language(s): \_\_\_\_\_

Speak: \_\_\_\_\_ Read: \_\_\_\_\_ Proficiency: (Check One) Fair Good Excellent

Education and training: \_\_\_\_\_

*(List highest level of education and any specialized training received)*

Hobbies and interests: \_\_\_\_\_



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What skills do you have which would be helpful as a volunteer? \_\_\_\_\_

Please describe your experience working with the public or in customer service: \_\_\_\_\_

Do you have training or experience in animal care, animal welfare, or been involved in an animal organization? Please describe.

What volunteer duties would you be interested in? Check all that apply.

Administrative \_\_\_\_\_ Animal Transportation \_\_\_\_\_ Cat & Dog Socialization \_\_\_\_\_ Cleaning \_\_\_\_\_  
Photography \_\_\_\_\_ Dog Walking \_\_\_\_\_ Events & Education \_\_\_\_\_

Days and approximate times that you are interested in volunteering: \_\_\_\_\_

How would you describe your temperament, ability to follow directions, and ability to get along with other people?

### CRIMINAL HISTORY

Have you ever been arrested, charged, or convicted of any crime (not including traffic tickets, unless you were taken into custody)? No: \_\_\_\_\_ Yes: \_\_\_\_\_ If yes, please include date and details: \_\_\_\_\_

Have you ever taken a controlled substance, not prescribed by a physician? If yes, what type of substance and date of last use?

Have the police ever been called to your home for any reason? If yes, please explain: \_\_\_\_\_

Have you ever been the victim of a crime? If yes, please explain. \_\_\_\_\_

Did law enforcement investigate the crime to your satisfaction? If no, why? \_\_\_\_\_

Have you ever been fingerprinted? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

### OTHER

How did you hear about the Miss Winkles Volunteer Program? \_\_\_\_\_





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## VOLUNTEER APPLICANT AGREEMENT AND RELEASE FORM

Date: \_\_\_\_\_

I, \_\_\_\_\_, in signing this document, understand and agree to the following:

- I agree to abide by the policies and procedures laid down by Clovis Animal Services.
- I agree to be supervised by the Adoption Center Supervisor and will report to the Adoption Center Supervisor regarding any issues, concerns, suggestions, complaints, or problems with employees and/or other volunteers.
- I agree to indemnify and hold harmless Clovis Animal Services, its officers, agents and employees from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by Clovis Animal Services, its officers, agents and employees.
- I agree to keep all records, names of employees, pet owners (previous and new) confidential.
- I agree to report any injury, inappropriate behavior or poor treatment of animals to the Volunteer Coordinator or Adoption Center Supervisor immediately.
- I agree to allow Clovis Animal Services to use any photographs taken of me for use in public relations efforts and hold Clovis Animal Services harmless for any loss or damage to my personal property while performing volunteer services.
- I understand that Clovis Animal Services is a division in the Clovis Police Department and they want to ensure safety for their staff and the general public. I agree to allow the Clovis Police Department to fingerprint and/or run a background check on me at any given time.
- If I am unable to abide by the policies and procedures I agree to resign from the volunteer program.

I have read this document in its entirety and I understand and agree to these guidelines set by Clovis Animal Services. I am aware that I may be prosecuted if I provide false information to Clovis Animal Services.

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

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

Emergency Phone: H ( ) \_\_\_\_\_ C ( ) \_\_\_\_\_



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### **LETTER OF UNDERSTANDING AND AGREEMENT**

I, \_\_\_\_\_, understand and agree that as an applicant for a volunteer position with the Clovis Police Department, Animal Services Division, that a background investigation is necessary.

I further understand and agree that should any information come to the attention of the Clovis Police Department during the processing of my application and/or background investigation which may be adverse to the standards of the Department, the Chief of Police or his designees has the authority to disqualify me from further consideration.

I additionally understand, agree, and accept as a condition for further consideration as a Clovis Police Department Citizen Volunteer, that should the Chief of Police or his designees decide to terminate consideration of my application for any reason, the information remains confidential and I waive the right to know such information and/or its source.

Finally, I agree to waive any and all administrative and/or legal actions or proceedings against the Clovis Police Department, its employees, and agents regarding the application and selection process for the Citizen Volunteer Program.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_