

4711 Elmore Rd.  
Anchorage, AK  
99507  
907-343-8118





Monday – Friday  
11 am – 7 pm  
Saturday & Sunday  
10 am – 6 pm


# VOLUNTEER PROGRAM



## WHO CAN VOLUNTEER?


 Anyone over 18 who loves animals! Animal lovers 12-17 years old may still volunteer with the following:


 Those 12-15 years old are required to have an adult (18 or over) with them **at all times** and have a Parental Consent Form on file.


 Those 16 and 17 may volunteer alone, but they must have a Parental Consent Form on file.



## HOW TO BECOME A VOLUNTEER

 Fill out the attached application and return it to 4711 Elmore Rd.

 The volunteer coordinator will contact you to register for an orientation session. The session lasts approximately two hours.

 Once you complete the orientation, you are welcome to volunteer whenever the Center is open!

## OUR ANIMALS NEED YOU!

That's why we ask you to donate a minimum of 8 hours a month for at least 6 months. You are welcome to come in and volunteer whenever the Center is open!

Interested in learning more? Follow me to the next page!



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## WHAT YOU CAN DO AS A VOLUNTEER:

### DOG WALKING

All our dogs are in need of exercise! After the orientation you can take the dogs for walks on the nearby trails, play with them in the outdoor runs, and introduce them to potential adopters.

### DOG GROOMING

This takes a special training class to show you how to use our Groom Room. Once you are ready, you can clip toenails, wash, demat, and help our dogs look bea-u-tiful! Not only does "a new do" make our shelter dogs more adoptable, but it makes them feel better too!

### ADOPTION COUNSELING

You can work with families and individuals interested in adopting shelter animals! You can take the animals out of their kennels and allow the potential adopters to interact while discussing the responsibilities of pet ownership.

### TAKING PICTURES

Since we have so many animals coming and going, it's very important to keep up the pictures we display on our website. People are more interested in the animal if they can see it. There is an additional training class provided to teach you about our photo and computer equipment.

### CAT PURRING

What cat doesn't like TLC? After orientation, you can play with the cats (indoors only!), groom them, pet them, and show them to potential adopters.

### SPECIAL EVENTS

Dress up a dog in an "Adopt Me" apron and take them to such events as the Saturday Market, Health Fairs, the Dog Jog, Animal Appreciation Day, and many other fun community events. This is a perfect opportunity to show the community what great animals we have available for adoption!

### ADMINISTRATIVE TASKS

We always need extra hands to fold, staple, and arrange such things as adoption packets and other tasks that may come up.

### SHELTER MAINTENANCE

If you like to clean, this is a very helpful job! Animals (and people!) make messes and we appreciate all the help volunteers can give in cleaning up! The public is also more likely to adopt if they see the animals are in a clean, cared for environment.

**The application  
is only a page  
away!**





MUNICIPALITY OF ANCHORAGE  
ANIMAL CARE AND CONTROL CENTER  
VOLUNTEER PROGRAM APPLICATION

<b>Office Use Only</b> Dates Contacted: _____ Result: _____ Orientation Date and Time: _____
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Name \_\_\_\_\_  
(Last) (First)

Mailing Address \_\_\_\_\_  
(Street) (City) (Zip)

Phone \_\_\_\_\_ Email \_\_\_\_\_

Age (circle one): 12-15 years 16-17 years over 18 years

If 12-15, name of adult accompanying you: \_\_\_\_\_ Phone \_\_\_\_\_

Please list any physical, medical, or other conditions that may affect your performance (allergies, balance problems, comprehension difficulties, diabetes, etc.). \_\_\_\_\_  
\_\_\_\_\_

Do you require any support staff (physical or otherwise) to volunteer? \_\_\_\_ Yes \_\_\_\_ No

If yes, please indicate:

Name of support staff \_\_\_\_\_

Agency \_\_\_\_\_

Contact phone number \_\_\_\_\_

**Please note: Support staff must attend the orientation with the volunteer. All volunteers requiring assistance must be accompanied by appropriate support staff at all times. If your support staff is not present during your volunteer time you will be required to leave the facility.**

Who can we notify in case of an emergency?

Name \_\_\_\_\_

Relationship \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Do you currently have pets? \_\_\_\_ Yes \_\_\_\_ No If yes, are they spayed or neutered? \_\_\_\_ Yes \_\_\_\_ No

How did you hear about our volunteer program? \_\_\_\_\_

Why would you like to volunteer with Anchorage Animal Care and Control? \_\_\_\_\_  
\_\_\_\_\_

Are you able to commit 8 hours a month for at least 6 months? \_\_\_\_\_

Please circle which orientation you would like to attend: Dog Cat

*After volunteering 12 hours with either dogs or cats, volunteers can take a short training class for the second animal.*

*Continued on other side.*

*In the event that I become a member of the Municipality of Anchorage Animal Care and Control Volunteer Program, I agree to abide by all present and subsequently issued rules of the Municipality of Anchorage Animal Care and Control Center.*

Signature\_\_\_\_\_

Date\_\_\_\_\_

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## **CONFIDENTIALITY AGREEMENT**

### **Municipality of Anchorage Animal Care and Control Center Volunteer Program**

4711 Elmore Road  
Anchorage, Alaska 99507  
(907) 343-8252  
Fax: (907) 343-8134

There are important legal restrictions on the release of client and employee information and records. These restrictions are for the protection of the Municipality of Anchorage Animal Care and Control Center's client and staff (paid and unpaid). All information and records obtained in the course of providing services to either voluntary or involuntary clients shall be strictly confidential. Staff information cannot be dispensed without the individual's permission.

The specific circumstances under which information and records may be released are spelled out in the facility policy statement. A breach of confidentiality is a serious infraction of A.L.P.S (Animal Licensing and Placement Services) policy and will result in termination of your participation in the Municipality of Anchorage Animal Care and Control Center's Volunteer Program.

#### **PLEDGE OF CONFIDENTIALITY:**

I hereby certify by my signature that I will not give information about the Municipality of Anchorage Animal Care and Control Center clients and staff (paid and unpaid) to unauthorized persons. I understand that doing so would be a serious violation of agency policy and will result in the termination of my participation with the Municipality of Anchorage Animal Care and Control Center's Volunteer Program.

\_\_\_\_\_  
Volunteer's Signature

\_\_\_\_\_  
Date

**ANCHORAGE ANIMAL CARE AND CONTROL CENTER  
VOLUNTEER PROGRAM**

**Parental Consent Form**

In order for your child to perform volunteer work or community service with us, we need your consent and your involvement in helping them have a productive experience. Please read and sign this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please call the **Volunteer Coordinator** at **(907) 343-8252** if you have any questions, would like further information, or would just like to discuss this with someone.

**NAME OF PROSPECTIVE YOUTH VOLUNTEER:** \_\_\_\_\_

**AGE OF VOLUNTEER:**                     12 to 15 years old\*

(check the box that applies)  16 to 17 years old

**\*Please note that young adults under 16 years of age will not be permitted to work directly with the animals unless accompanied by an adult 18 or older who has completed the Volunteer Orientation Class.**

**I understand that my child named above wishes to be considered for Volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the Anchorage Animal Care and Control Center's Volunteer Program.**

**I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position, including regular attendance and adherence to Anchorage Animal Care and Control Center's policies and procedures. I understand that they will not receive monetary compensation for the services contributed.**

Name: \_\_\_\_\_

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

Relationship: \_\_\_\_\_

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

