

Do you have professional or other volunteer experience working with animals other than dogs and cats? (ie. Birds, reptiles, ferrets, rabbits, mice/rats, etc.) If so please tell us what types of animals and your level of experience:

List High school, trade school, night school, Business College, or university attended. Include G.E.D. information.

NAME OF SCHOOL

DATE GRADUATED

Check the following vaccinations you have received and the most recent date.

_____ Tetanus __ / __ / __ (approximate)

_____ Pre-Exposure Rabies // (mostly only given to those working in the animal are industry. However if you've had this vaccination, please tell us approximately when you received it.)

Do you have any current or past affiliation with any humane society, animal rights group or rescue group? Yes ____ No ____ If yes, please list the organization you are or have been affiliated with, the dates of affiliation, and role within the organization.

Organization	Dates	Role
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Please list two references and their phone numbers and addresses that we may contact.

Name:

Address:

Phone:

Name:

Address:

Phone:

Name (Print)

Signature

Date

If under 18, name of Parent/Guardian

Signature of Parent/Guardian

Date

RELEASE IN FULL OF ALL CLAIMS

I, _____, am seeking employment and/or volunteer opportunities with Suffolk Animal Care, a division of the Suffolk Police Department. I certify that I understand the requirements and responsibilities of participants in these programs, and that I am aware of the potential risk I may be exposed to in these programs with Suffolk Animal Care to include but not limited to, exposure to potentially life threatening situations. I do hereby waive and release the City of Suffolk, the Suffolk Police Department and Suffolk Animal Care from any and all claims whatsoever which might accrue or arise as a result of any injury, loss or damage that I may sustain to myself while working with and/or volunteering with Suffolk Animal Care. I further state that I am not aware of any physical condition that could be aggravated, worsened, or otherwise adversely affected by my participation in these programs with Suffolk Animal Care. I make this release for myself, my heirs, executors, administrators and any college/university, and do hereby Release the City of Suffolk, the Suffolk Police Department, Suffolk Animal Care, their officers, agents, employees and affiliates, and any college/university from any and all losses, liabilities, damages, claims, causes of action, costs and expenses (including attorneys' fees and other litigation expenses) based upon, arising out of or otherwise related to my participation in any programs with Suffolk Animal Care and the Suffolk Police Department.

Signature

Date of Acknowledgement

If under 18, signature of parent or guardian

STATE OF VIRGINIA
CITY OF SUFFOLK, TO WIT:

The foregoing instrument was acknowledged before me this _____ day of _____, 20____, by _____.

My commission expires:

NOTARY PUBLIC

_____(SEAL)

Certification

DATE: _____

I certify that I have never been convicted of any crime or misdemeanor involving animal cruelty, neglect, or abandonment.

Full Name: _____

Previous Name(s): _____

Social Security Number: _____

Address: _____

Signature: _____