



*Rutherford County*

## **Pet Adoption & Welfare Services**

285 John R. Rice Blvd. Murfreesboro, TN 37129  
(615) 898-7740 or Fax (615) 898-7994

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

Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Home #: \_\_\_\_\_ Work #: \_\_\_\_\_

Are you over 18 years of age? Yes \_\_\_\_\_ No \_\_\_\_\_ Date Of Birth: \_\_\_\_\_

If under 18 how old are you? \_\_\_\_\_ Social Security #: \_\_\_\_\_

Have you ever been arrested? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes explain: \_\_\_\_\_

Have you ever volunteered at another shelter? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which shelter: \_\_\_\_\_

What experience do you have in handling animals? \_\_\_\_\_

Do you have any special animal handling experience? (i.e. grooming, training) \_\_\_\_\_

What days and times would you be able to volunteer at the shelter? \_\_\_\_\_

Do you have any medical conditions that might affect your ability to volunteer? (i.e. allergies, back injuries) \_\_\_\_\_

Person to be notified in an emergency: Name \_\_\_\_\_

Relation \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_

Doctor's information: Name \_\_\_\_\_ Phone \_\_\_\_\_

Medical Insurance Provider \_\_\_\_\_

Policy # \_\_\_\_\_

**By signing this application I am stating that all information contained herein is true to the best of my knowledge.**

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

### **For Office Use Only**

Date received: \_\_\_\_\_ By: \_\_\_\_\_

Date reviewed: \_\_\_\_\_ By: \_\_\_\_\_

Interview date \_\_\_\_\_ Time \_\_\_\_\_

Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

By \_\_\_\_\_