

**MONROE COUNTY ANIMAL SHELTER**  
**Shelter Location: 10714 Hwy 16, Sparta WI**  
**Mailing Address: 14345 Co Hwy B, Suite 5, Sparta WI 54656-4509**  
**FAX: 608-366-1809**

Alison Elliott, Administrator  
608-269-8939

Humane Officer  
608-269-8775

VOLUNTEER AGREEMENT

1) General Information

Name: \_\_\_\_\_ Phone# \_\_\_\_\_

Address: \_\_\_\_\_ City/Zip \_\_\_\_\_

Email: \_\_\_\_\_

Age: \_\_\_\_\_ must be at least 14yrs to volunteer (14-17yrs must be accompanied by an adult while volunteering)

Days of week and times available to volunteer: \_\_\_\_\_

Estimated length of volunteering: \_\_\_\_\_ days, weeks, months, years  
(circle one)

2) General duties of volunteer: \_\_\_\_\_

3) What animals do you own? \_\_\_\_\_

4) Have you ever been convicted of a felony? \_\_\_\_\_ Yes \_\_\_\_\_ No

5) Do you have any outstanding warrants? \_\_\_\_\_ Yes \_\_\_\_\_ No

6) Are you a community service volunteer? \_\_\_\_\_ Yes \_\_\_\_\_ No

7) Are your dogs current on rabies vaccinations? \_\_\_\_\_ Yes \_\_\_\_\_ No

8) Do your dogs have a current dog license? \_\_\_\_\_ Yes \_\_\_\_\_ No

9) Who is your veterinarian? Name \_\_\_\_\_ Phone: \_\_\_\_\_

The below signed volunteer does hereby understand that they will be performing volunteer work for Monroe County/Monroe County Animal Shelter and Monroe County Animal Control. The volunteer understands that as the result of working at the Monroe County Animal Shelter and in the area of animal control, that the volunteer may encounter situations involving animals. The volunteer agrees to hold Monroe County harmless for any damages or injuries that may occur as a result of their volunteer activities for Monroe County/Monroe County Animal Shelter/ Monroe County Animal Control.

\_\_\_\_\_  
Animal Control Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Volunteer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Alison Elliott, Administrator  
Dog Control/Forms/Volunteer Agreement 5/10

\_\_\_\_\_  
Date