



CITY OF LUFKIN ANIMAL CONTROL & KURTH MEMORIAL ANIMAL SHELTER

1901 Hill St.
Lufkin, Tx 75904
Tel 936-633-0218
Fax 936-633-0266

VOLUNTEER APPLICATION

Complete and return. Please understand that participating in some volunteer activities, such as Surgical Assistant, will require a criminal background check.

Contact Information

Name _____ Physical Address _____

City, State, Zip _____ Mailing Address _____

City, State, Zip _____ Email _____

Phone _____ Alternate Phone _____ Work Phone _____

Current Occupation _____ Employer _____

Date of Birth _____ Age _____ If under 17, an adult must also enroll as a volunteer.

Do you have other family or friends volunteering with City of Lufkin Animal Control & Kurth Memorial Animal Shelter? Yes No

If yes, please provide their name(s) _____

Do you have other family or friends applying to volunteer with City of Lufkin Animal Control? Yes No

If yes, please provide their name(s) _____

Do you volunteer with, or are you involved with, other animal welfare groups? Yes No

If yes, please provide the name of the group(s) _____

What do you think will be the best thing about volunteering? _____

What do you think will be the hardest thing about volunteering? _____

Why are you interested in volunteering? _____

Is there a specific volunteer opportunity you are interested in? _____

If you have prior volunteer experience, where and how long did you volunteer? _____

What did you enjoy about that experience? _____

What did you least enjoy about that experience? _____

Applicant Signature _____ Date _____