



Glynn County Animal Control Youth Volunteer Application

(Ages up to 17 years old)

Name: _____ Date: ____/____/____

Age: _____ __ Dogs __ Cats __ Paws to Read __ Events

Other: _____

Parent/Guardian's Name: _____ Phone #: _____

Parent's Email Address: _____

Mailing Address: _____

Days and Times Available to Volunteer: _____

Prior Experience with Pets: _____

Extracurricular Activities: _____

Hobbies/Interests: _____

Why Do You Want To Volunteer with GCAC? _____

**I agree to follow the rules and listen to the instructions given by Glynn County Animal Control staff while I am volunteering. I also agree to dress for safety (no flip flops). I understand that not all animals at the shelter will be friendly.

Volunteer's Signature

PERMISSION FOR THOSE UNDER 18 YEARS OF AGE TO VOLUNTEER

- As a parent of legal guardian of the above-mentioned volunteer, I hereby give my consent to allow this child/ward to volunteer for Glynn County Animal Control as described within the GCAC Volunteer Agreement and Release.
- I agree to also complete necessary orientation and training and complete paperwork.
- I understand that I am responsible for directly supervising this youth during his/her volunteering service and to not leave him/her unattended at any time.

Parent's/Guardian's Signature

Date