



KETCHIKAN GATEWAY BOROUGH

Department of Animal Protection

Mailing Address: 1900 First Ave., Ketchikan, Alaska 99901

Physical Address: 1111 Stedman St., Ketchikan, Alaska 99901

• telephone: (907) 228-6660 • fax (907) 228-6679

VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

City/State/Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Email: _____

Date of Birth: _____

Driver's License Number: _____ State Issued: _____

Emergency Contact Information:

Name: _____ Relation: _____

Address: _____

City/State/Zip: _____

Please register any minor children age 14 years or younger that will be volunteering with you. [This age group must be accompanied by a parent or legal guardian]

Children under 18 will need a parent or legal guardian to file an application and waiver.

Name	Date of Birth	Email
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

WELCOME:

The Animal Protection Department will provide you a training / orientation session to familiarize you with the shelters policy and programs. This way you can decide what areas you would like to get involved in at the shelter. You will be notified of a training date once your application has been received and processed.

We look forward to meeting you and involving you in our programs that help the animals at our shelter and in our community.

Applicants Signature: _____