



City of Boston
Animal Care & Control

CITY OF BOSTON ANIMAL SHELTER VOLUNTEER APPLICATION

Thank you for your interest in volunteering with the City of Boston Animal Shelter! After completing an application, if you seem like you are a good fit for the program, you will be contacted to schedule an interview and tour of the shelter. Volunteers must be at least 18 years old. Please note that filling out an application does not guarantee acceptance into the volunteer program.

As a Shelter Volunteer, you will be assisting staff in day to day duties necessary to provide our animals with food, shelter and enrichment. We want our animals to be as comfortable as possible during their time with us and greatly appreciate the help given by our volunteer team.

Duties and responsibilities for volunteers may include the following: Walking dogs, Socializing cats, Cleaning cages/kennels, Laundry, Dishes, General office work, Assisting with events or clinics

Tell Us About You!

First Name: _____ Last Name: _____

Address: _____ Apt# _____

City: _____ State: _____ Zip Code: _____

Primary Phone Number(s): _____

Email: _____

Are you able to make a 1 year commitment to one shift per week? _____ Are you 18 or older? _____

Why do you want to volunteer with the City of Boston Animal Shelter?

(617) 635-5348
www.boston.gov/animals
26 Mahler Rd
Roslindale MA 02131



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Have you ever worked or volunteered at an Animal Shelter, Kennel, Vet Clinic, Pet Store or Zoo before? If so, where and what were your assigned duties? _____

Would you prefer to work with (check):

- Dogs
- Cats
- Small animals/Pocket Pets

Click the check next to your availability:

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
7:30-9:30am	7:30-9:30am	7:30-9:30am	7:30-9:30am	7:30-9:30am	7:30-9:30am	7:30-9:30am
9:30-11:30am	9:30-11:30am	9:30-11:30am	9:30-11:30am	9:30-11:30am	9:30-11:30am	9:30-11:30am
11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm	11am-1pm
2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm	2pm-4pm
4pm-6pm	4pm-6pm	4pm-6pm	4pm-6pm	4pm-6pm	4pm-6pm	4pm-6pm

Would you be interested in participating in offsite events? (Ex: Community vaccine clinics, information sharing at festivals)

Why would you be a good candidate to join our volunteer team? Please list specific examples, along with any trainings or certifications you may have. _____

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What are your thoughts regarding euthanasia? _____

Personal References

Name: _____

Name: _____

Phone Number: _____

Phone Number: _____

Email: _____

Email: _____

Relationship: _____

Relationship: _____

By signing below, I acknowledge that the above information is correct to the best of my knowledge.

Signature: _____

Print Name: _____ **Date:** _____

Please note that incomplete applications will not be accepted