



Southington Police Department

Town of Southington

Animal Control Division

Volunteer Program Application Form

This application form is to be completed by the volunteer applying for entry to the program, any volunteer who fails to complete the application or furnishes false information will **not** be accepted into the program.

The applicant must be able to pass a background check. Applicants must provide proof of insurance, prior to being accepted.

Applicants are not required to release any personal medical information; however failure to do so may prevent the applicant from participating in this program.

- Date of Application: _____
- Volunteer's Name: _____
(Print: Last Name, First Name, Middle Initial)
- Date of Birth: _____ Driver's License: _____
(State and Number)
- Last four (4) of Social Security Number: _____
- Home Address: _____
(Number, Street, City, State, Zip Code)
- Home Telephone Number: _____
- Cell Phone Number: _____ Email: _____
- Alternate Contact Method: _____
- Person to Contact in Case of Emergency: _____
 - Relationship: _____
- Emergency Telephone Number: _____

***Attach a copy of the your proof of medical insurance
Must be submitted by the Applicant, prior to review, to the Coordinator of the Volunteer Program***