CITY OF ALBUQUERQUE

ANIMAL WELFARE DEPARTMENT

Richard J. Berry, Mayor Barbara Bruin, Director

VOLUNTEER APPLICATION

Name: _____ **Date:** _____
(Please Print)

Address: _____

Daytime Phone: _____ **Alternate Phone:** _____

E-Mail Address: _____

Date of Birth: _____

Former Name(s) / Aliases: _____

Former State(s) or Country of Residence: _____

WAIVER AND CONSENT

1. **I hereby consent to a background investigation.**

2. **I agree to immediately notify the Animal Welfare Department's Volunteer Program Coordinator upon my arrest for a felony or any other offense.**

Signature: _____ **Date:** _____
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