

# CITY OF TAYLOR ANIMAL SHELTER VOLUNTEER APPLICATION

SHELTER PHONE 512-352-5483 • [animalshelter@taylortx.gov](mailto:animalshelter@taylortx.gov)

DATE: \_\_\_\_\_

NAME: \_\_\_\_\_

STREET ADDRESS/CITY/ST/ZIP: \_\_\_\_\_

MAIN PHONE #: \_\_\_\_\_

CAN WE TEXT YOU?  YES  NO

EMAIL ADDRESS: \_\_\_\_\_

EMERGENCY CONTACT NAME: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE #: \_\_\_\_\_

ARE YOU OVER THE AGE OF 18?  YES  NO

PLEASE DESCRIBE ANY ANIMAL RELATED EXPERIENCE AND/OR IF YOU HAVE VOLUNTEERED AT OTHER SHELTERS:

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WHAT DO YOU THINK MIGHT BE THE GREATEST CHALLENGE OF WORKING AT AN ANIMAL SHELTER?

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LIST ANY LIMITATIONS ON WORKING WITH OR NEAR SPECIFIC TYPES OF ANIMALS:

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WHAT DO YOU THINK A TYPICAL DAY AT THE ANIMAL SHELTER LOOKS LIKE?

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WHAT PETS DO YOU CURRENTLY OWN?

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ARE YOU INTERESTED IN FOSTERING?  YES  NO (if yes, complete the Foster Agreement)

ARE YOU INTERESTED IN TRANSPORTING ANIMALS TO VET OR RESCUES?  YES  NO

Please note that your acceptance into, and continued participation in, the volunteer program is, among other things, dependent on your attitude towards volunteer work, your comfort level working with animals, your attitude toward animal shelters and our specific activities.

## Volunteer Agreement

I agree to abide by and am aware of the following conditions of the program:

- Mistreatment of any animal will NOT be tolerated.
- I will be responsible for providing my own transportation to and from the Shelter.
- I will be expected to work. I will get dirty. I will be exposed to animal waste, including feces.
- I will always present myself to the public in a professional manner.
- I will be appropriately dressed. No halter tops, tank tops, low cut tops, tops that expose the stomach, flip flops, tight clothing, short shorts or large jewelry will be allowed. You will be asked to leave if you are not appropriately dressed.
- I accept full responsibility for all medical expenses due to injury or illness during my participation in the volunteer program and further attest to the fact that I have no health problems that would hinder or be aggravated by my duties at the Shelter.

Rules and Regulations for Volunteers:

- Confrontations with Shelter staff will not be tolerated.
- You must always be polite to staff and the public.
- You must document daily hours completed on the Shelter Volunteer Log located in the office.
- All assigned tasks are to be performed promptly and properly.
- The use or possession of alcohol or drugs at the Shelter is prohibited.
- The possession of any weapons (including knives) at the Shelter is prohibited.
- No horseplay in any area is allowed.
- You are not permitted to use any computer in the Shelter for any reason.
- Report all injuries to staff, no matter how small, immediately.
- If you are unsure of an animal's behavior, seek assistance from staff.
- Wash your hands between handling of animals to prevent the spread of disease.
- Do not use the telephone for personal reasons.

Duties include but are not limited to:

- Walking/exercising animals
- Scooping poop in the kennels and/or on shelter grounds
- Washing bowls and litter pans
- Sweeping and mopping hallways and kennel areas
- Emptying trash cans
- Other duties as assigned

I have read and understand the information set forth above.

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Printed Name

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Signature

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Date

## Liability Waiver

I, the individual named herein below, acknowledge and understand that working with animals may be dangerous and can lead to serious injury or even death. Furthermore, I understand and agree to personally assume any and all liability and risks of volunteering at the City of Taylor Animal Shelter (hereinafter referred to as the "Shelter").

I agree to INDEMNIFY AND HOLD HARMLESS The City of Taylor, its officials, agents, representatives, employees, officers, and representatives from every penalty, cause of action, claim, loss, cost, damage, reasonable attorney's fees, lien and/or expense arising out of or resulting from my performance of volunteer work at the Shelter, volunteer work performed off-site for the Shelter, or for any failure of observance of any rules, regulations or policies of the Shelter or The City of Taylor. The City of Taylor shall not be liable for damages to me arising from any act of any third party or animal. I further agree to INDEMNIFY AND SAVE HARMLESS The City of Taylor from and against all claims of whatever nature arising from any of my future negligent acts, omissions or negligence, or arising from any accident, injury, or damage whatsoever caused to any person, animal or to the property of any person occurring while I am providing volunteer work to The City of Taylor, or arising from any accident, injury, or damage occurring on The City of Taylor's premises; provided, however, I acknowledge that I shall not be responsible for the negligence of The City of Taylor.

I understand and agree that as a volunteer, I am not an employee of The City of Taylor, and I am not entitled to any compensation or benefits of any kind, except as otherwise required by law.

By signing below, I hereby agree that I will not object to or challenge the protocols and procedures outlined by the Chief of Police or his designate of the Shelter. This includes but is not limited to: not entering unauthorized areas, not touching animals that are in unauthorized areas due to the risk of transmitting contagious disease to other animals, not bringing cameras on the premises unless directly asked to by staff, not representing yourself as an employee of the Shelter. Violation of any of these guidelines is grounds for immediate removal from the premises and termination of all future volunteer opportunities with the Shelter.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Phone #: \_\_\_\_\_

Address/City/Zip: \_\_\_\_\_

ID/DL #: \_\_\_\_\_ State: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

\*\*If under the age of 18, must be accompanied by an adult\*\*

\*\*Full Name/Age of minors: \_\_\_\_\_

**Authorization for Release of Information**

I hereby authorize any investigator or duly accredited representative of the City of Taylor bearing this release to obtain any information from criminal justice agencies, or individuals, relating to my activities. This information may include, but is not limited to, personal history and conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use by the City of Taylor and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind or nature which may at any time result to me on account of compliance, or any attempts to comply, with this authorization.

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Applicant's Printed Name

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Date

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Applicant's Signature

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Social Security Number

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Street Address

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Phone

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City, State, Zip

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Date of Birth

**FOR OFFICE USE ONLY**

Background Completed on: \_\_\_\_\_ By: \_\_\_\_\_

Notes: \_\_\_\_\_

Volunteer Approved:  Yes  No      Notified by/Date: \_\_\_\_\_

Reason if Denied: \_\_\_\_\_