



Volunteer Application

Tell Us About Yourself



Please print clearly and complete front and back.

Name: _____ Email Address: _____

Are you at least 18 years of age? (circle one): Yes or No Birthdate: _____

Home Phone#: _____ Cell Phone#: _____ Other Phone#: _____

Address: _____

Street

City

State

Zip

Mailing Address (if different): _____

Street

City

State

Zip

Volunteer duties include walking dogs, socializing dogs and cats, cleaning cages, washing dishes, doing laundry, providing enrichment, assisting with adoptions, etc.

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in any of the activities mentioned above (e.g. back injury, allergies)?

(circle one): Yes or No

If yes, please explain: _____

What is your experience with animals? _____

Please explain your interest in volunteering with the Stockton Animal Shelter: _____

What animals are you interested in working with? (circle all that apply): Dogs Cats

Are you able to commit to at least 4 hours of service a week? (circle one): Yes or No

If no, please explain: _____

Are you interested in any additional types of volunteering? (Please check all that apply)

- Community Cat** – transport altered cats to locations in the community for release.
- Foster Parent** – care for animals not ready to be adopted in your home.
- Adoption Ambassador** – care for animals ready for adoption and assist in their adoption.
- Adopt-A-Bulls** – assist in the adoption of pit bulls at off-site locations.
- Adoption Events** – assist the Animal Protection League with off-site adoptions.
- General Shelter Assistance**-Laundry, kennel and cage cleaning, etc.

What skills/training do you have that could contribute to your volunteer service?

- Customer Service/Sales** **Writing/Editing** **Photography** **Event Planning** **Website Design**
 - Additional Languages** _____
 - Public Speaking** **Graphic Design** **Dog Training** **Teaching/Training** **Video Production** **Other:**
-

Are you currently participating in a program requiring volunteer/community service hours? (circle one)
Yes or No

If yes, please explain: _____

Occupation: _____ **Employer/School:** _____

Does your employer offer a donor matching program? (circle one): Yes or No

Does your employer match volunteer hours with contributions to nonprofit organizations? (circle one):

Yes or No

I understand that my submission of this application does not guarantee acceptance into the volunteer program and that volunteering in any capacity requires an orientation and training.

Applicant Signature: _____ **Date:** _____

Parent or Guardian Signature: _____ **Date:** _____
(If Applicant Is a Minor)

Emergency Contact: _____
Name Relationship Phone #

Address: _____
Street City State Zip

Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the "Release") is executed by me on the day set forth below in favor of each of the City of Stockton Animal Services ("SAS") and Animal Protection League ("APL"). By signing below, I give my consent without reservation to the following terms and conditions:

1. Volunteer Status. I freely and voluntarily desire to participate as a volunteer for the Shelter, and I understand that all services performed by me will be done so on a strictly voluntary basis and without compensation or benefits of any kind. _____
initial initial

2. Guidelines. I understand that I must comply with all the rules, agreements and protocols established by the Shelter (which may change from time-to-time) and that my volunteer privileges may be revoked or suspended by the Shelter, in its sole and absolute discretion and at any time (for example, for noncompliance or other safety or disruption issues). _____
initial initial

3. Assumption of Risk. I understand that my volunteer work may include activities that may be hazardous, including, for example, contact with animals who even under the best of circumstances may bite or scratch or transmit zoonotic diseases, and contact with clients, other volunteers and the public. I understand and acknowledge that my volunteering is not without risk of serious injury, illness, death or property damage, and I expressly and fully assume all risks in connection therewith. _____
initial initial

4. Medical Treatment. I understand that I am solely financially responsible for any first aid, medical treatment or care for any injury or illness resulting from my volunteer activities. I have been encouraged to obtain my own insurance coverage and to consult with a medical professional to address any concerns prior to my volunteering, including, for example, any recommended vaccinations before handling animals. _____
initial initial

5. Waiver and Release. In consideration of my participation as a volunteer to SAS and APL, To the fullest extent permitted by law, Contractor shall hold harmless, defend at its own expense, and indemnify the City of Stockton and Animal Protection League and their respective, Mayor, Council, officers, directors, representatives, agents, employees and volunteers, against any and all liability, claims, losses, damages, or expenses, including reasonable attorney's fees, arising from all acts or omissions to act of contractor or its officers, agents, or employees in rendering services under this contract; excluding, however, such liability, claims, losses, damages, or expenses arising from the City of Stockton's sole negligence or willful acts. The duty to defend and the duty to indemnify are separate and distinct obligations. The indemnification obligations of this section shall survive the termination of this agreement. _____
initial initial

6. Media Release. I grant to the Shelter and its sponsors and agents permission to use my name, likeness and statements in all photographs, audio or video recordings, or other media made during my volunteer activities, which shall be the sole property of the Shelter and may be used without payment or notification. _____
initial initial

7. Confidential Information. I agree to hold all Confidential Information in strict confidence and to take all actions reasonably necessary to protect its confidentiality. "Confidential Information" means any information that a person exercising reasonable business judgment would understand to be confidential or proprietary that is disclosed to me or to which I have access in connection with my volunteer activities. _____
initial initial

8.Other. I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that it be governed by and interpreted in accordance with the laws of the State of California. The above terms and conditions constitute the entire agreement between me and the Shelter, which will remain in full force and effect until expressly revoked or terminated in writing by SAS or APL on such party's own behalf.

_____ _____
Initial initial

Volunteer Name (Print Clearly): _____

Volunteer Signature

Date

Parent or Guardian Name (Print Clearly): _____

Parents or Guardians Signature

Date:

(If Applicant Is a Minor)