



APPLICANT INFORMATION

NAME: _____ APPLICATION DATE: _____
MAILING ADDRESS: _____
CONTACT PHONE: _____ OTHER PHONE: _____
EMAIL ADDRESS: _____
DATE OF BIRTH *(If under 18, a parent signature is required. Ages 14-17 must be accompanied by a volunteering adult.):* _____

EMERGENCY CONTACT INFO

NAME: _____ RELATIONSHIP: _____
CONTACT PHONE: _____ OTHER PHONE: _____

1. Are you a current employee or related to a current employee of the City of Daphne? No Yes
If yes, please state name and relationship: _____
2. Why would you like to volunteer with the Daphne Animal Shelter? *(Additional comments may be added to the sheet provided.)*

3. Are you volunteering for school or community credit? No Yes
If yes, how many hours do you need? _____ School or organization name: _____
4. Are you requesting to volunteer to fulfill court-ordered community service hours? No Yes
If yes, how many hours do you need? _____ What court ordered the community service? _____

5. Do you have any prior experience as a volunteer? No Yes If yes, describe the organization and your duties:

6. What day(s) and time(s) are you available to volunteer? _____

7. In which areas you would be interested in volunteering?
 Dog walking/socialization Cat socialization Grooming Kennel care Fundraising
 Adoption Events Photographing animals Other: _____
8. Health insurance company *(verification of Insurance is required for you to volunteer)* : _____
9. Do you have a valid driver's license? No Yes Issuing State: _____ Number: _____

10. Is your tetanus vaccination current? *(Verification of vaccination is required for you to volunteer)* No Yes

Date of vaccination: _____

11. Have you ever been convicted of a criminal offense, felony or serious misdemeanor? No Yes

If yes, please state the nature of the crime(s), date and location of conviction and disposition of the case *(Note: no applicant will be denied the opportunity to volunteer solely on the grounds of a conviction of a criminal offense. The nature of the offense, the surrounding circumstances and the relevance of the offense to the position applied for may, however, be considered)*: _____

12. Are you a pet owner No Yes If Yes, how many pets do you own & what type? _____

13. Aside from loving animals, why are you interested in becoming a volunteer at the Daphne Animal Shelter? Please share your experience handling or caring for animals including age, temperament or behavioral challenges you may have encountered:

REFERENCES:

NAME: _____

RELATIONSHIP TO APPLICANT: _____ CONTACT PHONE: _____

NAME: _____

RELATIONSHIP TO APPLICANT: _____ CONTACT PHONE: _____

DAPHNE ANIMAL SHELTER VOLUNTEER PROGRAM RULES AND CONDITIONS

Please initial each line to indicate understanding and agreeance of program rules.

- _____ 1. Services are provided strictly in a voluntary capacity, and without any express or implied promise of salary, compensation or any other payment of any kind whatsoever;

- _____ 2. Volunteer services do not include any employment-type benefits, including employment insurance programs, worker’s compensation accrual in any form, vacations or sick time. Animal shelter volunteers may not represent themselves at any time as a City employee;

- _____ 3. Animal Shelter volunteers may not handle or transport any Animal Shelter funds from adopters, donors or any other source;

- _____ 4. Volunteers are not allowed to answer facility phones, use City computers, or drive City vehicles;

- _____ 5. All volunteers are expected to comply with the Animal Shelter policies and procedures applicable to Volunteers. It is important to listen carefully and follow the directions given by the Animal Shelter staff. Failure to do so could result in injury or termination of services as a Volunteer. The Daphne Animal Shelter expects high standards of moral and ethical treatment of the animals under its care. Volunteers must adhere strictly to these standards;

- _____ 6. Volunteers are expected to arrive on time and be prepared to perform their roles and complete their entire shifts.

- _____ 7. Volunteers should refrain from using cell phones or other electronic devices during scheduled shifts for personal business. If there is a need to attend to a personal matter, please complete whatever task you are currently working on, inform a staff member that you need to attend to something else and then leave the work area;

- _____ 8. Volunteers may not handle or interact at any time or for any reason with animals designated as aggressive or diseased or any non-domestic animals;

- _____ 9. Property damage, personal injury or illness shall be reported to the staff immediately;

- _____ 10. Volunteers shall refrain from discussing internal shelter business or making negative comments about the shelter, staff or other volunteers on social media or in the community at large. Problems or concerns should be brought to the attention of Daphne Animal Shelter staff;

- _____ 11. Volunteers must wear appropriate attire including closed toe shoes and no dangling jewelry. Please understand that clothing and shoes may become damaged/dirty while volunteering;

- _____ 12. The City of Daphne strives to save every animal that comes into the shelter. The Animal Shelter accepts all animals, regardless of their health, age, breed or temperament. Sadly, it is not always possible to re-home all animals. In some cases, euthanasia may be the most humane option for the animal. The Daphne animal Shelter considers euthanasia to be a last resort and our staff find it distressing, difficult and painful when no other alternative exists. Please be respectful and refrain from confronting animal care staff regarding a decision to euthanize an animal.

VOLUNTEER RELEASE & WAIVER OF LIABILITY

For and in consideration of my participation in the Daphne Animal Shelter Volunteer Program, I agree as follows:

1. Waiver and Release: I, the Volunteer, release and forever discharge and hold harmless the City of Daphne and each of its officials, directors, employees, and agents from any and all liability, claims, and demands of any kind, either in law or equity, which arise or may hereafter arise from the volunteer services I provide to the City. I understand and acknowledge that this Release discharges the City of Daphne from any liability or claim that I may have against the City of Daphne with respect to bodily injury, personal injury, illness, death, or property damages that may result from the volunteer services I provide to the City of Daphne or occurring while I am providing volunteer services.
2. No Compensation: I understand that the scope of my relationship with the City of Daphne is limited to a volunteer position and that no compensation is expected in return for services provided by me; and that I am responsible for my own insurance coverage in the event of personal injury or illness as a result of my services to the City of Daphne.
3. No Insurance: I further understand that the City does not assume any responsibility for or obligation to provide me with financial or other assistance, including but not limited to medical, health, or disability benefits or insurance. I expressly waive any such claim for compensation or liability on the part of the City of Daphne beyond what may be offered freely by the City of Daphne in the event of injury or medical expenses incurred by me.
4. Medical Treatment: I hereby release and forever discharge the City of Daphne from any claim whatsoever which arises or may hereafter arise on account of any first-aid treatment or other medical services rendered in connection with an emergency during my tenure as a volunteer with the City of Daphne.
5. Supervision: I understand and agree that the City of Daphne may suggest or supervise actions to be taken by me that will benefit the City of Daphne; however, the City is not an insurer of my health or welfare. While I am providing volunteer services for the City, I will at all times be solely responsible for my behavior and safety.
6. Use of Equipment and Facilities: I agree that at all times I use City of Daphne equipment or facilities I will take reasonable care to properly and safely utilize said equipment and/or facilities and that I assume any risk of injury or harm from such use.
7. Relationship: I understand and agree that I am not an employee or agent of the City of Daphne and that I have no authority to bind the City of Daphne to any duty or obligation.
8. Other: As a volunteer, I expressly agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of Alabama, and that this Release shall be governed by and interpreted in accordance with the laws of the State of Alabama. I agree that in the event that any clause or provision of this Release is deemed invalid, the enforceability of the remaining provisions of this Release shall not be affected.
9. Additional Rules, Policies and Procedures: I understand and agree to follow any additional rules, policies and procedures that may be adopted and updated as required for Daphne Animal Shelter volunteers by the City of Daphne.
10. Effective Date and Term: I understand and agree that this Release shall be effective immediately upon my execution and shall remain in effect at any time hereafter during which I am engaged in the provision of volunteer services to the City of Daphne.

VOLUNTEER AGREEMENT

By signing below, I certify that my answers are true and complete. If this application leads to me becoming a City of Daphne Animal Shelter volunteer, I understand that false or misleading information in my application or interview may result in my dismissal from the volunteer program. I also give permission to the City of Daphne Animal Shelter to verify any of the information I provided. In addition, I understand that completion of this application does not guarantee acceptance to the volunteer program. I ACKNOWLEDGE THAT I HAVE CAREFULLY READ THE FOREGOING DAPHNE ANIMAL SHELTER PROGRAM RULES AND CONDITIONS AND VOLUNTEER RELEASE AND WIAVER OF LIABILITY AND UNDERSTAND THE CONTENTS THEREOF AND SIGN THIS AGREEMENT AS MY OWN FREE ACT.

NAME (Printed): _____ **DATE:** _____

SIGNATURE: _____

In addition to the signature of the volunteer, where the volunteer is under nineteen (19) years of age, the signature of volunteer's guardian shall be affixed below:

NAME (Printed): _____ **DATE:** _____

BY (Parent or Guardian of Volunteer Signature): _____

I understand and agree that submitting this application form does not automatically register me as a Daphne Animal Shelter volunteer, and there may be certain qualifications I must meet, including the acceptance of the terms and policies listed above.