

# CITY OF TAYLOR ANIMAL SHELTER VOLUNTEER APPLICATION

SHELTER PHONE 512-352-5483 • FAX 512-352-5119  
Volunteer Coordinator Susan Davis susan.davis@taylortx.gov

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

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

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

MAIN PH #: \_\_\_\_\_ ALT PH #: \_\_\_\_\_

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

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

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

ARE YOU OVER THE AGE OF 18?  YES  NO BEST TIME TO CONTACT YOU: \_\_\_\_\_

WHY DO YOU WANT TO VOLUNTEER AT THE TAYLOR ANIMAL SHELTER?

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PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE:

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DO YOU HAVE ANY AFFILIATIONS WITH ANY OTHER ANIMAL SHELTERS OR ANIMAL GROUPS? IF YES, WHO?

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DO YOU HAVE ANY SPECIAL SKILLS THAT COULD CONTRIBUTE TO YOUR VOLUNTEER ACTIVITIES  
(e.g., BILINGUAL, SIGN LANGUAGE, DATA ENTRY PROFICIENCY, GROOMER)?

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

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

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CITY OF TAYLOR ANIMAL SHELTER VOLUNTEER APPLICATION

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

WHAT PETS DO YOU OWN?

\_\_\_\_\_  
\_\_\_\_\_

WHAT DO YOU THINK IS THE ROLE SERVED BY THE TAYLOR ANIMAL SHELTER IN THE COMMUNITY?

\_\_\_\_\_  
\_\_\_\_\_

WHAT WOULD BE YOUR RESPONSE IF A CUSTOMER ASKS IF THE TAYLOR SHELTER IS A NO-KILL FACILITY?  
PLEASE PROVIDE A FULL EXPLANATION OF WHAT YOUR RESPONSE WOULD BE:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

PLEASE DESCRIBE ANY EXPERIENCE WORKING WITH THE PUBLIC:

\_\_\_\_\_  
\_\_\_\_\_

TIMES AVAILABLE FOR VOLUNTEERING: We ask that you commit to 2 hour time slots on a committed scheduled basis so that we can better coordinate and utilize your talents while you are here:

Monday \_\_\_\_\_ Tuesday \_\_\_\_\_ Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_ Friday \_\_\_\_\_ Saturday \_\_\_\_\_ Sunday \_\_\_\_\_

**FOR OFFICE USE ONLY**

Date Received: \_\_\_\_\_ Background completed on: \_\_\_\_\_

Background completed by: \_\_\_\_\_

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

Volunteer Approved:  Yes  No Volunteer #: \_\_\_\_\_

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

Approved By: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Volunteer End Date: \_\_\_\_\_

# CITY OF TAYLOR ANIMAL SHELTER VOLUNTEER APPLICATION

## 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.
- Some aspects of the Shelter are confidential. You are not allowed to discuss Shelter business outside the Shelter.
- 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.
- I MUST be sure that upon leaving, if I am the last to leave, the Shelter has been secured. I will not leave the Shelter unsecured for any reason.

Rules and Regulations for Volunteers:

- Confrontations with Animal Control staff will not be tolerated.
- You must always be polite to staff and the public.
- After regular Shelter hours, you must sign in and out at the Taylor Police Department in order to obtain keys to the Shelter.
- You must document tasks completed on the Shelter Volunteer Log daily 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, unless you have been assigned such duties that require it.
- Report all injuries to staff, no matter how small, immediately.
- No cursing or profane language.
- 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:

- Cleaning kennels and cages; changing litter boxes
- Scooping poop in the kennels and on shelter grounds
- Washing bowls and litter pans
- Sweeping and mopping hallways and kennel areas
- Assisting staff with holding animals when they are administering medication
- Walking/exercising animals
- Feeding animals
- Emptying trash cans
- Other duties as assigned

I have read and understand the policies and guidelines set forth above.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date

## CITY OF TAYLOR ANIMAL SHELTER VOLUNTEER REFERENCES

To ensure the safety and well being of our animals list the needed references below. Please allow 24-48 hours for the application to be processed.

### Veterinarian Information:

Veterinarian Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

DVM Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

### Personal References (Please do not list family members, list up to 2):

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Main Phone #: \_\_\_\_\_ Alt Phone #: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_

References checked/completed by ACO/Volunteer: \_\_\_\_\_ 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 Taylor Animal Shelter (hereinafter referred to as the "Shelter").

In consideration of Taylor Animal Shelter's agreement to allow me to participate in its volunteer program at 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 Taylor Animal 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 and not leaving any doors unlocked at any time. Violation of any of these guidelines is grounds for immediate removal from the premises and termination of all future volunteer opportunities with the Taylor Animal Shelter.

Printed Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Date: \_\_\_\_\_ Age: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ Other ID #: \_\_\_\_\_

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, and whether we have positions available for your specified time slots.

**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.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
Date of Birth