



James Hyde  
Chief of Police

Department of Animal Services  
300 L Street, Antioch, CA 94509  
(925) 779-6989

# Volunteer Application

The volunteer program is offered to adults and minors ages 16 and up. After turning in the completed application, our Volunteer Coordinator will contact the applicant to schedule a new volunteer orientation.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Home Phone: \_\_\_\_\_ Work or mobile phone: \_\_\_\_\_

E-mail: \_\_\_\_\_ Employer: \_\_\_\_\_

If Student, name of school: \_\_\_\_\_  
Full time Part time

Driver license # : \_\_\_\_\_ State: \_\_\_\_\_ Expires: \_\_\_\_\_

Do you have any physical or other limitations that we should be aware of? \_\_\_\_\_

Do you currently have pets? \_\_\_\_\_ If yes, how many and what type? \_\_\_\_\_

Are you able to make at least a six (6) month commitment to your volunteer position? \_\_\_\_\_

In case of Emergency, contact:	
Name: _____	Home phone: _____
Address: _____	Work phone: _____
Relationship: _____	Mobile phone: _____

Do not write below this line, office use only

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Unfortunately, with the large numbers of homeless and abandoned animals, we must humanely euthanize animals for health and space reasons. Will you be able to work here, with the understanding that euthanasia is performed at the shelter? If not, please list your concerns, as we may be able to address your concerns and find a suitable volunteer placement for you. (Attach additional page if necessary.)

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**Volunteer Areas of Interest (please check all of your preferences in order of 1, 2, 3.....)**

- Dog Care Assistant - Comfort, walk, socialize, and train dogs; brush and bathe as needed
  - Cat Care Assistant - Comfort, pet, and socialize cats; clip claws; brush as needed
  - Adoption Counselor - Assist public with animals to aid in good adoptions
  - Lost and Found - Assist public with locating their lost animals in the back area of the shelter
  - Mobile Adoptions - Assist public with animals at off-site adoption events, to aid in good adoptions
  - Certified Driver - Drive animals to events and/or other organizations (must attend training session)
  - Public Relations - Assist at shelter events inside/outside the shelter, to increase community awareness of our shelter and the humane treatment of animals
  - Writer - Write and submit shelter-related articles to various organizations
  - Marketing Specialist - Create and/or distribute flyers for various marketing campaigns
  - Office Assistant - Helps staff with various office-related tasks (computer use helpful, but not required)
  - Foster Program - Provide temporary home and funding for special needs animals (such as animals needing rehabilitation, litters of kittens or puppies)
  - Other (please list) \_\_\_\_\_
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Please elaborate on any experience with items stated above (volunteer, paid, or education), or any other information that may be helpful in working with Antioch Animal Services (attach additional page if necessary):

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Volunteers are welcome to serve when our shelter is open to the public (unless special arrangements are made otherwise. Our public hours are as follows:

- \* Mon, Wed, Fri, Sat -> Open 10am to 4pm
- \* Tues & Thurs -> Open 10am to 8pm

*We are closed Sundays and all federal holidays*

Please list the days and times you will be available to work (not necessarily on a scheduled basis)

_____	_____	_____	_____	_____	_____
Monday	Tuesday	Wednesday	Thursday	Friday	Saturday



# Volunteer Agreement

I agree to abide by the policies and procedures as outlined in the Antioch Animal Services Department Volunteer Handbook. I understand that the above information is voluntarily supplied and may be used and disclosed for agency purposes. I understand that I will not be paid for my services as a volunteer. I understand that as a volunteer for the City of Antioch, Animal Services division, I am required to submit to a background check and fingerprinting.

Antioch Animal Services and the City of Antioch have my permission to use any and all photos or videos taken of me for promotional use or to publicize an event. I understand that all prints, film and negatives become property of the City of Antioch and may be used without prior notification or compensation of money, services, or goods.

I authorize the City of Antioch, Animal Services Department to seek emergency medical treatment in case of injury, accident or illness.

While the City of Antioch and Animal Services Department are concerned with the safety and well-being of its volunteers, I acknowledge that it is my sole responsibility to exercise caution and good judgement. I understand and voluntarily assume the risks associated with volunteering for the Antioch Animal Services Department and do

\_\_\_\_\_  
Signature of applicant (if under 18, please have parent or legal guardian sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of applicant

## Tetanus and Rabies Waiver

The City of Antioch and the Animal Services Department feel it is important for all staff and volunteers to be current on their tetanus vaccination and rabies vaccination series, particularly if they will be handling animals. If a member of the staff or a volunteer has questions about the tetanus vaccination and/or rabies vaccination series, he or she is encouraged to consult a physician, at his or her own expense, to decide whether or not to be vaccinated against tetanus and/or rabies.

I have read, understand and agree to the above information regarding tetanus vaccination and rabies vaccination series. Furthermore, I release the City of Antioch and the Animal Services Department from all responsibility that may occur because of my not being vaccinated against tetanus and/or pursuing the pre-rabies exposure vaccination series. I understand that whatever decision I make regarding this vaccination is my own decision and is made at my own risk.

\_\_\_\_\_  
Signature of applicant (if under 18, please have parent or legal guardian sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of applicant



## **Antioch Animal Services Consent and Release From Liability**

Waiver and Release. Read carefully before you sign. In consideration of my acceptance [or the acceptance of my minor child \_\_\_\_\_] as a volunteer for Antioch Animal Services, I hereby waive, release and discharge any claims for damages, for death, personal injury or property damage which I [and/or my minor child] may have against the City of Antioch as a result of my [and/or my child's] participation. This release is intended to discharge the City, its agents and employees from and against any and all liability arising out of or connected in any way with my [and/or my child's] participation in this activity, even though that liability may arise out of carelessness or negligence on the part of the City or persons named above. I further understand that accidents and injuries can arise out of my [and/or my child's] participation, including the possibility of bites or scratches from animals. Knowing those risks, nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons named above who might otherwise be liable to me [and/or my child] for damages.

It is further understood that this waiver, release and assumption of risk is be binding upon my heirs and assigns [and upon any guardians ad litem of my child]. I give consent to the City of Antioch or any other media agency to photograph or video myself [and/or my child]. I understand that these images may be used for brochures, newspapers or other forms of media. THIS IS A RELEASE. I HAVE READ THIS RELEASE CAREFULLY. I UNDERSTAND AND ASSUME THE RISKS INVOLVED. BY SIGNING, I GIVE UP MY [OR MY CHILD'S] RIGHT TO SUE. Nothing in this document waives my [and/or my child's] right to potential Workers Compensation coverage for injuries sustained while involved in the activity.

\_\_\_\_\_  
Signature of applicant (if under 18, please have parent or legal guardian sign)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of applicant

## EMPLOYMENT RECORD

List your current or most recent experience.

<b>FROM:</b> <b>MO. YR</b>	<b>TO:</b> <b>MO. YR.</b>	<b>EMPLOYER</b>	<b>YOUR POSITION</b> <b>TITLE</b>	<b>NO. OF EMPLOYEES</b> <b>SUPERVISED</b>
<b>No. Hours Per Week</b>	<b>Address</b>	<b>City</b>	<b>State</b>	<b>Zip</b>
				<b>Name of Supervisor</b>

Duties: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

May we contact your current employer?     Yes                       No

<b>References (2)</b>	Name:	Phone:
	Name:	Phone:

Have you ever been convicted of an offense which resulted in imprisonment, probation or a fine or more than \$50? A conviction record will not necessarily bar you from volunteering. Each case will be given individual consideration based on job relatedness. Your answer may be checked and an untrue answer is grounds for disqualification.

Yes               No

If yes, give date, place and disposition of the case:

\_\_\_\_\_

## PARENTAL CONSENT FORM (If under 18 years of age)

I have reviewed the volunteer application and registration form and give my consent for \_\_\_\_\_ to participate in the volunteer program, subject to the terms and conditions set forth.

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_  
Entire Name



## TELL US ABOUT YOURSELF

Applicant's Name \_\_\_\_\_ Date \_\_\_\_\_

Tell us about your background. \_\_\_\_\_

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What are your skills? \_\_\_\_\_

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What are your interests? \_\_\_\_\_

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Why do you want to volunteer for Animal Services? \_\_\_\_\_

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Do you know of anything in your background that could eliminate you from being an Animal Services Volunteer? \_\_\_\_\_

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How much time can you give the Program? \_\_\_\_\_

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Do you have any questions? \_\_\_\_\_

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What are your perceptions of the Volunteer Program? \_\_\_\_\_

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We will be contacting you based on your skills and department's needs for further processing in the background phase.