



ANTIOCH POLICE DEPARTMENT

Tammany Brooks III, Chief of Police

VOLUNTEER APPLICATION

Antioch Animal Services
300 L Street Antioch, CA 94509
925-779-6989

Date _____

I (please print) _____ agree to act as a volunteer for the City of Antioch Animal Services Program (“**Program**”). I state and affirm that:

I agree to abide by volunteer policies and procedures provided to me by the Animal Services volunteer orientation and trainings and to abide by additional policies and procedures as they are provided to me.

Antioch Animal Services believes that it is important for volunteers to be current on their tetanus vaccinations if they will be handling animals. I understand that if I want to receive a tetanus vaccination or have questions about tetanus vaccinations, I should consult a physician at my own expense. Antioch Animal Care Services encourages volunteers to discuss obtaining a rabies pre-exposure vaccination series with their physician.

I understand that I am not authorized to represent the City of Antioch Animal Services in any official capacity (in the media or to the general public) without prior permission of the management of the City of Antioch Animal Services.

I understand that the City of Antioch Animal Services records are to be kept confidential. I understand that access to these records will be allowed only with the prior approval of a City of Antioch Animal Services employee.

I understand that as a volunteer for the City of Antioch, Animal Services I am required to submit for live scan and/or a background check.

I agree to volunteer a minimum of 2 hours per week for a minimum of 6 months.

Signature

Date

Date of Birth

If participant is under 18 years of age, parent or guardian must read this and sign below.

Parent/Guardian Signature

Parent/Guardian Name (Please print)

Address City, State Zip Code

Mobile Phone Home Phone Email

How would you like your name to appear on your volunteer name tag? (Please print)

Name_____

Driver License # _____ State _____ Expires _____

Have you ever been arrested? _____ If yes, what type of charge? _____

In addition to walking dog, socializing cats, and shelter essentials, volunteers support AAS through adoption events, office work, transporting wildlife, providing a temporary foster home to dogs or puppies, providing a temporary foster home to cats or kittens. You may receive emails when we need help in these areas.

Friends of Antioch Animal Services (FOAS will be given your email contact if you check this box)

In case of emergency, whom should we contact? _____

Name

Relationship

Phone

YOU MUST BE AT LEAST 16 YEARS OF AGE TO VOLUNTEER

<i>Do not write below this line, office use only</i>		
Application Received		
Bkgrnd Received		
Bkgrnd Approved		
Orientation Date		
Livescan Form Given		
Livescan Approved		

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CITY OF ANTIOCH RELEASE OF LIABILITY & MEDIA RELEASE

(This Document Affects Your Legal Rights. Read Carefully Before Signing)

I (please print) _____ agree to act as a volunteer for the City of Antioch Animal Services Program ("**Program**"). I state and affirm that:

I understand and acknowledge the Program I am voluntarily engaging in as a participant has risks of injury or harm.

I am aware that participation in the Animal Services volunteer program involves working directly with animals and may involve using equipment and driving vehicles. I voluntarily assume the risks of participating in these activities with knowledge of the danger involved, including but not limited to being (1) bitten or attacked by a wild, feral, or domestic animal, (2) injured through the use of equipment including but not limited to equipment used to control, contain, treat, sedate, and euthanize animals, (3) injured in a vehicular accident, and (4) similar risks of injury or death arising out of my volunteer duties. I agree to accept any and all of these risks of personal injury or injury to my property. I assume responsibility for all liability and risk associated with my participation.

As consideration for being allowed to participate in the animal shelter volunteer program, **I agree to hold harmless, release, waive and forever discharge the City of Antioch, its employees, departments, officers and agents, from any and all claims or demands I may have by reason of any accident, illness, injury, loss, destruction or damage to property, arising or resulting directly or indirectly from my participation in this Program. I further covenant not to bring any legal action against the City of Antioch, its employees, departments, officers and agents, for any injury, loss or damage resulting from my participation in this Program.**

This Waiver and Release is binding on my heirs, executors, administrators, assigns, and all of my family members, and applies to all losses, whether known or unknown, suspected or unsuspected, related to my participation in the Animal Services volunteer program.

This Waiver and Release is contractual and applies whether or not injury or loss resulting from this Program is caused by an act or omission of the City, its employees, departments, officers or agents, negligent or otherwise. This Waiver and Release applies to all losses, whether known or unknown, suspected or unsuspected, related to my participation in this Program.

I understand that if I am injured in the course of this volunteer Program, that I am not covered by the City of Antioch Worker's Compensation Program.

I authorize the City of Antioch Animal Services to seek emergency medical treatment in case of injury, accident or illness. I understand that I will be responsible for medical costs incurred by such injury, accident or illness.

The City of Antioch has my permission to use any photos or videos taken during my volunteer activities in order to promote the City of Antioch Animal Services organization, its programs, or events.

I understand that I may terminate my volunteer activities at any time for any reason. I understand that my volunteer activities may be terminated by City of Antioch Animal Services at any time for any reason.

I understand that entering into and signing this agreement affects my legal rights and results in my giving up or waiving certain legal rights, and I accept this and sign this agreement of my own free will. The terms of this agreement shall bind the members of my family, if I am alive, and my heirs, assigns and personal representatives if I am deceased.

This Waiver and Release is valid until the termination of my participation in the Program.

I HAVE CAREFULLY READ THIS AGREEMENT. I FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS INCLUDES A RELEASE OF LIABILITY AND A MEDIA RELEASE. I SIGN THIS AGREEMENT OF MY OWN FREE WILL.

Participant signature

Date

If participant is under 18 years of age, parent or guardian must read this and sign below.

Signature of parent or guardian

Date

