

City of Dickinson Animal Shelter Volunteer Form

Name: _____ Date of Birth: _____
(Last, First, MI)

Address: _____
Street City State Zip

Phone Cell: _____ Home: _____

EDUCATIONAL BACKGROUND:

High School Attended: _____ Graduated? _____ Date _____

College or Technical Training: _____ Degree? _____

EMPLOYMENT HISTORY:

Present Employment Status: Currently employed _____ Not employed _____ Retired _____

Employer Name: _____

Address: _____

Supervisor: _____ Contact Number: _____

CRIMINAL HISTORY:

Have you ever pled guilty, or been convicted of a felony or misdemeanor? Yes _____ No _____

If yes, please explain: _____

Have you ever been investigated for Animal Cruelty/Neglect? Yes _____ No _____

If yes, please explain: _____

Do you have a current North Dakota driver's license? Yes _____ No _____

Driver's License Number: _____

SPECIAL SKILLS AND ABILITIES:

Identify any special skills, training and abilities you feel may be useful to the Animal Shelter.

VOLUNTEER AREA:

| | | |
|------------------------------|----------------------------|----------------------------|
| _____ Office Support | _____ Fundraising Support | _____ Dog Walking/Exercise |
| _____ Animal Care (grooming) | _____ Animal Socializing | _____ Kennel Care/Cleaning |
| _____ Ground Maintenance | _____ Facility Maintenance | _____ Social Media Work |
| _____ Other (explain: _____) | | |

REFERENCES:

Provide names, addresses and phone numbers of two non-relative references of people you know well and that you give us permission to contact:

Name: _____ Contact Phone Number: _____

Name: _____ Contact Phone Number: _____

EMERGENCY CONTACT INFORMATION:

| | | |
|-------|--------------|--------------|
| _____ | _____ | _____ |
| Name | Phone Number | Relationship |
| _____ | _____ | _____ |
| Name | Phone Number | Relationship |

I certify that all information contained in this application is true and complete to the best of my knowledge and belief. I further understand that acceptance into the City of Dickinson Animal Shelter Volunteer program is contingent upon investigation of my previous employment record, criminal history and reference check, without further notification to me. I also give the Dickinson Police Department permission to conduct a criminal investigation of my background. I hereby release the City of Dickinson of all liability that may arrive with my volunteer activities with the City of Dickinson Animal Shelter.

| | |
|-----------|-------|
| _____ | _____ |
| Signature | Date |

If under 18, parent or legal guardian signature required. By signing this release, I acknowledge that I am the legal parent or guardian of the above minor. I hereby give permission for the above minor to volunteer at the City of Dickinson City Animal Shelter. I have read the volunteer statement and agreement form and I hereby release the City of Dickinson of all liability that may arrive with the above named minor's activities with the City of Dickinson City Animal Shelter.

| | |
|---------------------------------------|-------|
| _____ | _____ |
| Signature of Parent or Legal Guardian | Date |

Printed Name of Parent or Legal Guardian

City of Dickinson Animal Shelter
Application for Volunteer Background Check
Waiver of Liability Release of Information
Indemnity Agreement

Name: _____ Date of Birth: _____

Other names you may be known by: _____

_____ I agree to volunteer in strict compliance with the policies, procedures, and volunteer guidelines of the City of Dickinson Animal Shelter.

_____ I understand and agree that I am responsible for maintaining the confidentiality of all appropriate and privileged information.

_____ I understand the Dickinson Municipal Code (Chapter 5) and will report all bites, without exception. I understand that my failure to do so may result in my termination as a volunteer.

_____ I understand which animals I am allowed to interact with under new volunteer procedures. I will respect and abide by the staff recommendations and interact with shelter animals only as allowed or advised.

_____ I acknowledge that at any time I may be terminated from the City of Dickinson Animal Shelter Volunteer Program.

INDEMNITY

_____ I agree release, discharge, indemnify and hold harmless the City of Dickinson Animal Shelter, including its agents and employees, for any and all personal injuries or damages to property or pets caused by the shelter animal(s).

_____ I recognize that in handling shelter animal(s) there exists a risk of injury including physical harm caused by a shelter animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless the City of Dickinson Animal Shelter, its agents, volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my volunteer agreement.

AUTHORIZATION FOR RELEASE OF INFORMATION:

I hereby authorize the City of Dickinson Animal Shelter to conduct a background investigation and to solicit from applicable agencies any information which concerns my past and present status. The release of any and all information is authorized whether it is of record or not, and I do hereby release all persons, firms, agencies, companies, or groups from any damages resulting from providing such information.

Signature

Date

City of Dickinson Animal Shelter
Volunteer Guidelines

Volunteers must be 16 years old. Volunteers under 18 must have signed parental permission on record with the shelter. Potential volunteers must attend an orientation before they will be granted access to the facility. Once we receive your completed application and orientation is completed, those who are 18 and older must submit to a background check by the Dickinson Police Department. We will inform you of your acceptance into the volunteer program when we receive the results of the background check. If you have any questions or concerns about this process call us at 701-456-7039.

As a volunteer you shall observe the following:

- Always sign in when you arrive and sign out when you leave.
- Dress with your duties in mind. Clothes must be appropriate to the jobs you will be doing. Wear sturdy shoes and clothes you do not mind getting soiled. Tank tops, shorts, mini-skirts and flip flops are not appropriate.
- Check in with the Animal Control Officer (ACO) to see which animal may be leaving for adoption.
- Please wash/sanitize hands between handling each animal.
- DO NOT enter Holding, Quarantine, Isolation, Maternity or Intake rooms unless directed to do so by an ACO.
- Dogs must be on a leash at all times unless in the outdoor fences play area.
- Exercise dogs within the City of Dickinson Animal Shelter compound. DO NOT take them out of the compound area.
- Always clean up after the animal you are taking out. Take waste disposal baggies to clean up any mess an animal may make while in your care.
- Please report any injuries or health concerns you may notice with an animal to an employee as soon as possible.
- You must immediately report any injury or accident to an employee.
- Please take only one animal out at a time. Never walk or take out multiple dogs in a group.
- Make sure you place the animal back into the same kennel you removed it from.
- DO NOT feed the animals in their kennels unless otherwise directed to do so. You may give them approved/provided treats while walking or playing with them.
- Your responsibilities are to play with, walk, bathe or groom the animals. Always ask when you would like to bathe/groom animals and you will be directed to the appropriate area.

Thank you so much for your time and willingness to help our beloved dogs & cats!