



# VOLUNTEER APPLICATION

NAME \_\_\_\_\_ DATE \_\_\_\_\_

First Middle Last

ADDRESS \_\_\_\_\_

Number Street Unit# City Zip

HOME PHONE (\_\_\_\_) \_\_\_\_\_ WORK PHONE (\_\_\_\_) \_\_\_\_\_

EMERGENCY CONTACT \_\_\_\_\_ PHONE (\_\_\_\_) \_\_\_\_\_

Relationship \_\_\_\_\_ Date of Birth \_\_\_\_\_ DL# \_\_\_\_\_

month date year

EDUCATION (circle last year completed) High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Why are you interested in becoming a SEAACA volunteer? \_\_\_\_\_

Describe any previous experience working with animals \_\_\_\_\_

Are you presently employed?  yes  no If yes, state your work schedule \_\_\_\_\_

EMPLOYER'S NAME and ADDRESS \_\_\_\_\_

Describe the type of work you do \_\_\_\_\_

Do you have medical insurance?  yes  no Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Are you available regularly each week?  yes  no

Are you able to commit to a six month volunteer schedule?  yes  no

Please indicate the times you would be available for work:

ALMOST ANY TIME \_\_\_\_\_ FRIDAY \_\_\_\_\_

TUESDAY \_\_\_\_\_ SATURDAY \_\_\_\_\_

WEDNESDAY \_\_\_\_\_ SUNDAY \_\_\_\_\_

THURSDAY \_\_\_\_\_

SPECIAL SKILLS, TALENTS, TRAINING, INTERESTS OR HOBBIES \_\_\_\_\_

List your personal pets: \_\_\_\_\_

PLEASE INDICATE THE VOLUNTEER POSITION(S) YOU ARE INTERESTED IN:

- Animal Care Assistant
- Adoption Assistant/Lost & Found
- Veterinary Clinic Assistant
- Animal Groomer
- Clerical Assistant
- Special Events Assistant
- Foster Care Program

Do you have any allergies?    yes         no     If yes, please explain: \_\_\_\_\_

Excluding a traffic violation, have you ever been convicted of a felony or DUI?    yes     no

If yes, please explain \_\_\_\_\_

Please list two references who are not relatives:

NAME	ADDRESS	PHONE
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I give my permission to SEAACA to verify any of the information provided here.

\_\_\_\_\_  
VOLUNTEER SIGNATURE

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**FOR OFFICE USE ONLY**

Applicant scheduled for orientation to be held \_\_\_\_\_    Attended?     yes     no

Interview date \_\_\_\_\_    Interviewed by \_\_\_\_\_    Assignment \_\_\_\_\_

TRAINING

DATE \_\_\_\_\_    COMMENTS \_\_\_\_\_



THE SOUTHEAST AREA  
ANIMAL CONTROL AUTHORITY  
ADULT WAIVER AND RELEASE OF LIABILITY

I, \_\_\_\_\_, am over 18 years of age and wish to participate as a volunteer at the Southeast Area Animal Control Authority.

In consideration for being permitted by the Southeast Area Animal Control Authority to participate as a volunteer, I hereby agree that I will not make a claim against, sue, attach the property of, or prosecute the Southeast Area Animal Control Authority or its Officers, Member Cities, Employees, Agents or Contractors for any death, personal injury, or property damage; whatever the cause or location of the occurrence giving rise to the claim, which I may suffer or sustain as a result of or in connection with my participation as a volunteer.

In addition, I hereby release and discharge the Southeast Area Animal Control Authority and its Officers, Member Cities, Employees, Agents and Contractors from all actions, claims or demands I now have or may hereafter have for any death, personal injury or property damage arising out of or in connection with my participation as a volunteer.

This release of Liability is intended to discharge in advance, the Southeast Area Animal Control Authority and its Officers, Member Cities, Employees, Agents, and Contractors from and against any and all liability arising out of or connected in any way with my participation as a volunteer; even though that liability may arise out of negligence on the part of the Southeast Area Animal Control Authority or any of its Officers, Member Cities, Employees, Agents or Contractors.

I further understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals; nevertheless, I hereby agree to assume those risks and to release and hold harmless all of the persons or entities mentioned above who might otherwise be liable to me (or my heirs or assigns) for damages.

It is understood and agreed that this Waiver and Release of Liability is to be binding on my heirs, distributes, guardians, legal representative or assigns. I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE SOUTHEAST AREA ANIMAL CONTROL AUTHORITY, AND I SIGN IT OF MY OWN FREE WILL.

DATED: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Witness Signature