



MINOR / VOLUNTEER GUIDELINE COVER SHEET

- Step 1. The minimum age to volunteer at SEAACA is 15 years old.
- Step 2. Have parent or guardian complete and sign parent / guardian release form.
- Step 3. A work permit from the applicants school must be submitted and on-file with SEAACA prior to beginning service.
- Step 4. All volunteers are required to attend a volunteer orientation at SEAACA prior to beginning service.
- Step 5. A minimum service commitment of six months is requested of all volunteers. Most volunteers feel so good about their service to the animals and community, that they stay a part of the SEAACA family for many years. Volunteers are expected to work their scheduled hours.

Thank you for your interest in the agency and the wonderful animals

we all care for!



SOUTHEAST AREA ANIMAL CONTROL AUTHORITY
INDEMNITY WAIVER AND RELEASE OF LIABILITY
(Release by Parent or Guardian of a Minor)

I, _____, am the parent or legal guardian of
_____ (hereinafter referred to as "the Minor"), who wishes to participate
as a volunteer of Southeast Area Animal Control Authority.

In consideration for the Minor being permitted by Southeast Area Animal Control Authority to participate as a volunteer, I hereby agree that I will assume full responsibility for the death, personal injury or property damage suffered or sustained by the Minor as a result of or in connection with the Minor's participation as a volunteer.

I agree, therefore, to indemnify Southeast Area Animal Control Authority and its Officers, Member Cities, Employees, Agents, and Contractors from and against all liability, claims, demands, damages, judgments and costs for or arising from the death or personal injury of the Minor or damage to the Minor's property suffered or sustained by the Minor as a direct or indirect result of the Minor's participation as a volunteer; even if such death, personal injury or property damage arises out of the negligence of Southeast Area Animal Control Authority or any of its Officers, Member Cities, Employees, Agents or Contractors.

I further agree, for myself and for the Minor, that neither I nor the Minor will make any claim against, sue, attach the property of, or prosecute 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 event giving rise to the claim, which the Minor may suffer or sustain as a result of or in connection with the Minor's participation as a volunteer.

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

This release of liability is intended to discharge in advance, Southeast Area Animal Control Authority and its Officers, Member Cities, Employees, Agents and Contractors from and against any and all liability to the Minor or to me or to any person claiming under, through or on behalf of either of us arising out of or connected in any way with the Minor's participation as a volunteer; even though that liability may arise out of negligence on the part of 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, on behalf of the Minor and myself I hereby agree to assume those risks and to release, indemnify and hold harmless Southeast Area Animal Control Authority and the persons mentioned above who

might otherwise be liable to the Minor or to me (or the Minor's or my heirs or assigns) for damages.

I am over eighteen years of age and am the parent with custody or the legal guardian of the Minor.

I HAVE READ THIS AGREEMENT CAREFULLY AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS AN INDEMNITY, WAIVER AND RELEASE OF LIABILITY AND A CONTRACT BETWEEN SOUTHEAST AREA ANIMAL CONTROL AUTHORITY AND MYSELF, AND I SIGN IT OF MY OWN FREE WILL.

DATE: _____ SIGNATURE _____

WITNESS SIGNATURE _____

PARENTAL PERMISSION FOR MEDICAL TREATMENT

I hereby give permission to Southeast Area Animal Control Authority staff to seek emergency medical treatment for _____, in case of an accident injury or illness. It is understood that every effort will be made to contact me or a person listed below before taking this action.

We understand the risks in volunteer duties and freely assume those risks, and agree to release Southeast Area Animal Control Authority and its officers, agents and employees from and against all claims for injury, loss or danger to the undersigned as a result of such volunteer duties.

Date: _____ Parent or Legal Guardian _____

Minor Volunteer _____

IN CASE OF AN EMERGENCY CALL:

Parent or Legal Guardian Home Phone (_____) _____

Work Phone (_____) _____

Alternative Contact: Name: _____

Home Phone (_____) _____

Work Phone (_____) _____

Date of last tetanus shot _____



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 _____