



Volunteer Application

Name _____ E-mail _____

Address _____ City/State/Zip _____

Phone Number (H) _____ Cell _____

Age _____ If in school, current grade/school _____

Employer _____

Do you have any experience with animals? Pets? _____

Why are you interested in volunteering with us? _____

Are you volunteering as a requirement? If so, for what and how many hours are you required to complete? _____

Do you have any prior criminal history? Yes _____ No _____

(Note: All volunteers 18 and older are required to complete a background check form. Persons with a felony will not be permitted to volunteer.)

How did you learn about Burlington Animal Services? _____

Please indicate days and times you are available to volunteer:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

Please indicate the volunteer opportunities you are interested in:

<input type="checkbox"/> Dog Walking	<input type="checkbox"/> Festivals & Events	<input type="checkbox"/> Assisting with kennel cleaning / Animal Care (dogs)	<input type="checkbox"/> Hikes with Hounds	<input type="checkbox"/> Short- Term Foster Cats
<input type="checkbox"/> Cat Socializing	<input type="checkbox"/> Landscaping/ Facilities upkeep	<input type="checkbox"/> Assisting with kennel cleaning / Animal Care (cats)	<input type="checkbox"/> Rabies/ Microchip Clinics	<input type="checkbox"/> Short- Term Foster Dogs
<input type="checkbox"/> Transporting pets	<input type="checkbox"/> Photography	<input type="checkbox"/> Taking pets into community (nursing home visits, transport to news station, etc.)	<input type="checkbox"/> Laundry	<input type="checkbox"/> Grooming
<input type="checkbox"/> Obedience Training (dogs)	<input type="checkbox"/> Other: _____			

Emergency contact person: Name _____

Phone: _____ Relationship _____

Signature: _____ Date: _____



**Liability Release and Acknowledgement
And Assumption of Risk Statement for Volunteers**

I, _____, a volunteer performing services for Burlington Animal Services and/or providing care for Burlington Animal Services owned animals, hold the City of Burlington and Alamance County harmless from any and all damages or personal injuries I may receive as a result of my work or other participation in the Burlington Animal Services' volunteer program.

I acknowledge by signing this form that I could experience an exposure to animal bites and/or disease or other injury. I further acknowledge and assume responsibility for all expenses associated with any and all medical care and/or treatment in the event such an exposure or other injury occurs.

I fully understand that in my participation as a volunteer foster home, my family and/ or guests in my home may come into contact with animals in my care, and that it is possible that they may be bitten, scratched and/or otherwise injured. I also recognized that having animals in my home as fosters may result in damage to my home and/or personal property. I acknowledge and assume responsibility for all expenses and liability associated with any damage that may be caused by a Burlington Animal Services-owned pet that I am fostering.

In my role as volunteer/foster I may be required to transport an animal or animals to or from appointments, events etc. I will ensure that the animals in my care are properly secured in my vehicle whether in a carrier, a crate or leashed. I understand that I am solely responsible for my vehicle and its contents during the time I am transporting animals.

I do hereby further acknowledge that I am volunteering my services to Burlington Animal Services of my own free will and that I agree for myself, my heirs, executors, and assigns to waive and release any legal rights that I may have to seek damages of any nature as against the City of Burlington and the County of Alamance, its elected and appointed officers, its employees, or its agents for any bodily injury or death as a result of my work at or participation in programs at Burlington Animal Services or in any other way arising out of my work or other participation in this program.

The waiver and release is deemed to apply to all medical problems, injuries and/or damage to property from all causes and including all payments or legal remedies I might be entitled to against the City of Burlington and the County of Alamance, its elected and appointed officials, its employees and agents.

I have read and fully understand the foregoing, and I do hereby, of my own free will, execute the Liability Release and Acknowledgement and Assumption of Risk Statement.

This the _____ day of _____, 20_____.

Signature _____

Parent/Guardian Signature (required if under 18) _____

Witness (BAS rep or qualifying official) _____

Date approved _____