

Application _____

Volunteer _____

DOUGLAS COUNTY ANIMAL CARE AND SERVICES

ANIMAL SHELTER VOLUNTEER APPLICATION

Please fill out this application as completely as possible. Please Print or Type in Black or Blue ink.

DATE _____

NAME (As Appears on Driver's License) _____
(Last) (First) (Middle initial)

IF A MINOR, GIVE PARENT OR GUARDIAN'S NAME: _____

Volunteers must be least 16 years old to assist with the animals. AGE? _____

PHYSICAL ADDRESS _____

MAILING ADDRESS _____

DAYTIME PHONE _____ EVENING
PHONE _____

OCCUPATION _____

—

EMPLOYER _____ PHONE _____

EMERGENCY CONTACT _____ RELATIONSHIP _____

—

HOME PHONE _____ WORK
PHONE _____

EMAIL _____

(ALL INFORMATION IS CONFIDENTIAL AND WILL NOT BE SHARED WITH ANY OTHER AFFILIATES. E-MAIL WILL BE USED STRICTLY TO INFORM VOLUNTEERS OF UP-TO-DATE IMPORTANT INFORMATION.)

REASON FOR WANTING TO BECOME A VOLUNTEER _____

PERSONAL REFERENCES:

1. _____
(NAME) (ADDRESS) (PHONE) (RELATIONSHIP)

2. _____

(NAME) (ADDRESS) (PHONE) (RELATIONSHIP)

3. _____
(NAME) (ADDRESS) (PHONE) (RELATIONSHIP)

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Foster parenting for: Dogs	YES _____	NO _____
Puppies	YES _____	NO _____
Cats	YES _____	NO _____
Kittens	YES _____	NO _____

Would you be available in an emergency situation, i.e. emergency evacuations? _____

To my knowledge the above information is true.

I have never been convicted of any violation relating to **any** act of **cruelty** to or with **any** animal.

Signature

Date

If minor, parent/guardian signature

Date

You will receive a call from a staff member in regards to a safety orientation. Please wear long pants, close-toed shoes, and have no low-hanging jewelry.

Application _____ Volunteer _____

Animal Care and Services

921 Pinenut Road Gardnerville NV 89410
Janet Duzan, Supervisor
PO Box 218 Minden NV 89423
Telephone (775) 782-9061 - Fax (775) 782-9059

PERMISSION AND RELEASE

I agree to participate in any Douglas County Animal Services training and activities as requested.

I understand that I will be given an opportunity for training and will follow the instruction I am given and all applicable County policies and procedures.

I also understand that I will be covered under the Douglas County workers compensation coverage while performing my volunteer activities. I understand that I am responsible for following any and all associated requirements, including reporting any injury in a timely manner and completing all necessary forms.

I understand that I will be handling and feeding animals under circumstances where the background and behavior of the animals may not be known or understood and that I expressly acknowledge and accept the risks involved in participating in these activities.

I know of no health or fitness restriction(s) that precludes my participation in this training and activity. In the event of illness or injury occurring to me while involved with any such activity, I consent to necessary medical treatment, including treatment that is considered necessary in the best judgment of the attending physician and performed by or under the supervision of a member of the medical staff of the medical facility furnishing medical services.

By signing this form, I release Douglas County from any and all liabilities incurred in these activities.

Print Name

If Minor, Parent/Guardian Signature

Signature

Date



DOUGLAS COUNTY DRUG-FREE WORKPLACE POLICY AND DRUG AND ALCOHOL POLICY

In accordance with the guidelines set forth in the Drug-Free Workplace Act (Act) of 1988, it is the policy of the County that the unlawful manufacture, distribution, dispensing, possession or use of an illegal chemical substance and/or during working hours or on County property including buildings, parking lots, and vehicles is prohibited.

As a condition of employment, each employee must:

1. Abide by the terms of the County Drug-Free Workplace Policy.
2. Abide by the terms of the County's Drug and Alcohol Guidelines as amended.
3. Notify the County of any criminal drug conviction no later than five (5) days after such conviction.

Pursuant to the Act, "conviction of a criminal drug offense" includes a finding of guilt (including a plea of nolo contendere) or imposition of sentences by any judicial body charged with the responsibility to determine violations of the federal or state criminal drug statutes. These include the manufacture, dispensation, use, or possession of any controlled substances defined in Paragraph 5157 (3) of the Act. Although the Act only addresses violations "occurring in the workplace", any employee who has violated any provision of the County's policies relative to alcohol and/or drugs will be subject to appropriate disciplinary action, up to and including termination.

I understand the provisions of the County's Drug-Free Workplace Policy and Drug and Alcohol Guidelines and agree to abide by the terms of these policies. I also understand that a copy of this signature pages will be kept in my personnel file.

Employee Signature

Date

Print Name

Human Resources Representative

Date

Cc: **Copy to Employee**
Original to personnel file

