CITY OF SAN ANTONIO ANIMAL CARE SERVICES
4710 State Highway 151 San Antonio, Texas 78227
Office: (210) 207-6644 Fax: (210) 207-6673
Email: Krystine.Ellan@sanantonio.gov

Volunteer Application

An application must be filled out for every person volunteering with ACS, regardless of age.
Please read directions carefully for filling out the application. Incomplete applications could result in denial.

APPLICANT INFORMATION			
Name:			**T-Shirt Size**:
Street Address:		**City/State**:	**Zip**:
Tel: *Phone 1*	*Phone 2*	*Phone 3*	
Occupation:	**Date of Birth:**	**Age:**	

An email address is required to log into the volunteer database. If volunteer is included in a family, please provide an individual email for **each** volunteer application. If volunteer listed on application is ages 12 – 15 and does not have an email address, please list another email for parent/guardian or indicate "N/A". A separate email is required for each person. Please write legibly.

Email:

Volunteers ages 12 – 15 must have a Parent/ Guardian volunteer with them and must fill out a volunteer application. If the volunteer on this application is ages 12 – 15, please list accompanying parent/ guardian below:

1:	**Relationship:**
2:	**Relationship:**

EMERGENCY CONTACT INFORMATION (List Someone Other than Parent/Guardian)	
Name:	**Relationship:**
Tel: *Phone 1*	*Phone 2*

ADDITIONAL INFORMATION

Do you have any allergies, physical challenges, or other limitations that may require accommodation or may restrict your volunteer experience? ◯ **Yes** ◯ **No**

If YES, please explain.

Please answer the following questions to the best of your ability:

1. How did you learn about the shelter/volunteer program?

2. Do you need volunteer hours for school, work, or court? **Yes** ◯ **No** ◯
   a. If yes, how many and do you have a deadline?

3. Have you visited the shelter? **Yes** ◯ **No** ◯
   a. If yes, what was your impression?

4. What areas of our shelter are you interested in volunteering in and why?

5. We ask for a minimum of a 3-month commitment, at least 3 shifts per month, or a minimum of 10 hours. Are you able to satisfy these requirements? **Yes** ◯ **No** ◯

6. Although we have a goal to become No-Kill, we currently may have to euthanize healthy, adoptable animals because we are full and need space. What are your feelings about this?

FOR OFFICE USE ONLY			
Invite:	**Orientation Date:**	**No Show?** ☐	**VIC #:**

SPECIAL NOTE

- The minimum age to volunteer at Animal Care Services is 12 years old. Children between 12 and 15 years old must have a parent/guardian volunteer with them (the parent/guardian application should accompany the child's application)
- Volunteers 16 and 17 years old can volunteer on their own, but must have Parental Consent. Please have Parent/Guardian Sign the Parental Consent section below.

PARENTAL CONSENT FOR ACS VOLUNTEERS UNDER 18	
My son/daughter has my permission to participate in Animal Care Services' (ACS) Volunteer Program under the direction of the Volunteer Department. I understand that the person listed under parent/guardian on page 1 of this application has been granted permission and approved by the volunteer coordinator to serve as the guardian for children ages 12 – 15. I also understand my son/daughter will be expected to abide by the rules and regulations, general guidelines, and responsibilities of the City of San Antonio Animal Care Services Volunteer Program.	
Parent Name:	**Parent Signature:**
Tel:	**Date:**

All Volunteers 16 and older must successfully pass a Criminal Background Check with the City of San Antonio. Disqualifying Offenses include, but not limited to: Theft, Burglary, Arson, Breaking & Entering, Fraud, Any Drug-Related Offense, and Any Violent Offense (including Animal Cruelty).

I hereby agree to serve as a volunteer for the City of San Antonio Animal Care Services (ACS); a City-funded agency located at 4710 State Highway 151, San Antonio, Texas 78227 or any of its offsite locations, under the following terms and conditions:
I will perform my volunteer duties with honesty, self-discipline, and professionalism. I will maintain high standards of humane, ethical treatment towards all animals at ACS.
I will donate my services to ACS without contemplation of compensation or future employment.
I will adhere to sign-in and scheduling procedures set forth by the ACS, and agree to notify the Volunteer Services Supervisor when I am unable to work as scheduled. I will notify the Volunteer Services Supervisor if I choose to discontinue my volunteer services at the ACS.
I have current medical insurance coverage and agree to be responsible for any medical care that I must seek as a result of my volunteer service at the ACS.
In the event the ACS is not able to timely reach my Emergency Contact, I authorize the ACS to seek emergency medical treatment for me in case of an accident, injury, or illness.
I agree to report all injuries, bites and scratches that draw blood, immediately to a staff person.
I am medically, physically, and psychologically fit to work safely with animals and the public.
I acknowledge that during my volunteer services, I may become privy to private or confidential information regarding, but not limited to, ACS, its employees, impounded animals and customers/clients. I hereby agree to hold all such information in the strictest confidence and shall not disclose or discuss such private or confidential information with any third party.
I have read and understand the ACS Patron Conduct Policy (located on the department's website and sent by email after orientation) and understand that my conduct in regards to positive communication with the department begins at time of submittal of volunteer application.
I understand the behavior of animals is sometimes unpredictable and some animals are capable of inflicting disease, serious personal injury, death or extensive property damage. I understand that my volunteer activities on behalf of the ACS may place me in a hazardous situation and could result in injury to me or my personal property. I agree to indemnify, defend and hold ACS, and its agents, officers, directors, and employees free and harmless from all liability arising out of any and all claims, demands, losses, damages, action, judgments of every kind and description that may occur to or be suffered by me by reason of activities arising out of this agreement.
I further agree to indemnify, defend, and hold the ACS, its agents, officers, directors, and employees harmless from and against any and all claims, demands, liabilities, causes of action, damages, costs (including reasonable attorneys' fees and disbursements) and judgments made or incurred by or found against them, resulting from or arising out of: (i) any breach or default by me of any term or provision of this agreement; or (ii) any negligent or willful act or omission by me with respect to my services pursuant to this Agreement.
I understand that the ACS, without notice or hearing, may terminate my volunteer position at any time, for any reason, with or without cause; provided, however, my confidentiality and indemnification obligations found in Sections 8, 9, 10, 11 and 12 of this Agreement shall survive such termination.

AGREEMENT SIGNATURE	
Volunteer Signature*:*	**Date**: