

Clay County Animal Care & Control
3984 S. R. 16 West, Green Cove Springs, Fl 32043
(904) 269-6342 Fax (904) 284-7812

Under the age of 18
Volunteer Application

Today's Date: _____ / _____ / _____ Age: _____

Last Name: _____ First Name: _____

Parent/Guardian's Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Home Fax: _____

Cell Phone: _____

E-Mail Address: _____

Best time to contact you: _____

Emergency Contact Person: _____

Emergency Phone Number: _____

Tell us a little about yourself and your experience with animals: (Some examples) employment, student, other types of volunteer work with animals, rescue groups, own animals, special skills you possess, fundraising, photography, website design, graphics design, event planning, advertising, experience working with the public, or any other skills you would like to offer.

Please Check Availability: Include Hours:

	MORNINGS	AFTERNOONS
MONDAY:	_____	_____
TUESDAY:	_____	_____
WEDNESDAY:	_____	_____
THURSDAY:	_____	_____
FRIDAY:	_____	_____
SATURDAY:	_____	_____

How many days per month do you believe you will be available?

_____ 1-3 _____ 4-6 _____ 7-9 _____ 10 or more _____ Days per week

Clay County Volunteer Agreement

To Release and hold Harmless

By signing below, I hereby give permission for my minor to accept a position as a volunteer at Clay County Animal Control & Control (CCACAC), upon the following terms, conditions and understandings:

Terms and Conditions

1. Their service to CCACAC is provided strictly in a volunteer capacity as a volunteer, and without express or implied promise of salary, compensation or other payment of any kind whatsoever.
2. Their services are furnished without any employment-type-benefits, including employment insurance programs, worker's compensation accrual in any form, vacations or sick time.
3. They will familiarize them self and comply with all policies and procedures applicable to Volunteers at CCACAC. They understand that they are expected to strictly adhere to these policies.
4. They understand that CCACAC may terminate their services as a Volunteer at any time, with or without reason and without notice or hearing.

Release

As parent or guardian, I understand that the handling of animals and other Volunteer activities on behalf of CCACAC may place the participant in hazardous situations and could result in injury to them or their personal property. On behalf of myself, and my heirs, personal representatives and assigns. I hereby release, discharge, indemnify and hold harmless CCACAC and its Director, County Officials, employees and agents of any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my minor's volunteer activities on behalf of CCACAC.

Signature _____