



**Tell Us About Yourself**

(Please print clearly and complete front and back)

Name: \_\_\_\_\_ Email Address: \_\_\_\_\_

Are you at least 18 years of age? (circle one): Yes No Birthdate: \_\_\_\_\_  
(optional - but this helps us celebrate your special day)

Home Phone#: \_\_\_\_\_ Cell Phone#: \_\_\_\_\_ Other Phone#: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

Mailing Address (if different): \_\_\_\_\_  
Street City State Zip

Are you willing to foster animals? (circle one): Yes No (Circle one or more) Dogs Puppies Cats Kittens

Indicate which foster program you would like to be a part of (circle one or both): Foster Parent\* Adoption Ambassador\*

What other/additional type of volunteering are you interested in? (Please number in order of preference) :

- Shelter Assistant\*                       Shelter Medicine\*                       Feline Forerunners\*
- Canine Crusaders\*                       Special Events\*                       Community Cat\*
- Weekly Off-Site Adoption Event\* (circle the PetSmart location you prefer: Stockton/Trinity Parkway Manteca)

Other (i.e. photography, general office, computer graphics): \_\_\_\_\_

What is your experience with animals?: \_\_\_\_\_

What are your skills and training?

- Customer Service/Sales                       Writing/Editing                       Photography
- Event Planning                       Website Design                       Additional Languages \_\_\_\_\_
- Public Speaking                       Graphic Design                       Dog Training
- Teaching/Training                       Video Production                       Other: \_\_\_\_\_

Availability (check all that apply):

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Morning	<input type="checkbox"/>						
Afternoon	<input type="checkbox"/>						
Evening	<input type="checkbox"/>						

Additional notes on your availability: \_\_\_\_\_

## Tell Us A Little More About Yourself

Please explain your interest in volunteering with the City of Stockton Animal Shelter/Animal Protection League: \_\_\_\_\_

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)? (circle one):                      Yes                      No

If yes, please explain: \_\_\_\_\_

Do you have previous volunteer experience with animals? (circle one):                      Yes                      No

If yes, please describe: \_\_\_\_\_

Are you currently participating in a program requiring volunteer/community service hours? (circle one)                      Yes                      No

If yes, please explain: \_\_\_\_\_

Occupation: \_\_\_\_\_ Employer/School: \_\_\_\_\_

Does your employer offer a donor matching program? (circle one):                      Yes                      No

Does your employer match volunteer hours with contributions to nonprofit organizations? (circle one):                      Yes                      No

I understand that my submission of this application does not guarantee acceptance into the volunteer program and that the specific area I would most like to volunteer in may be full. I also understand that before I can begin volunteering in any capacity that I need to attend an orientation and training for the specific position/s I would like to volunteer for.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

Parent or Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(If Applicant Is A Minor)

Emergency Contact: \_\_\_\_\_  
Name    Relationship    Phone #

Address: \_\_\_\_\_  
Street    City    State

### \*Descriptions of different Volunteer Positions:

Foster Parent: Care for animals who are not ready to be adopted in your home, bring back for medical appointments; socialize animals to help them be desirable to adopt.

Adoption Ambassador: Care for ready-to-adopt animals in your home; socialize animals; find adopters for animals and place them in new homes.

Shelter Assistant: Wash, dry and fold laundry; wash dishes; clean crates and cat condos, stuff Kongs, among other things.

Shelter Medicine Assistant: Assist with vaccines; do veterinary laundry; assist hospital staff.

Canine Crusaders: Socialize dogs/puppies, helping with adoptions; walk dogs; provide enrichment activities for dogs.

Feline Forerunners: Socialize cats/kittens; help with adoptions; cleaning cages; feed cats/kittens, change litter boxes.

Off-Site Adoption Events: Help set up and take down tents, tables and crates; load, unload and walk dogs; help with adoptions.

Community Cat: Transport spayed/neutered cats to designated drop-off locations for release back into the community.

**YOU MUST ALSO COMPLETE A RELEASE OF LIABILITY FORM**



### Adult Volunteer Release and Waiver of Liability

This Release and Waiver of Liability (the “Release”) is executed by me on the day set forth below in favor of each of the City of Stockton Animal Services (“SAS”), the San Francisco Society for the Prevention of Cruelty to Animals (“SF SPCA”), and Animal Protection League (“APL” and, together with SAS and SF SPCA, “Shelter”). By signing below, I give my consent without reservation to the following terms and conditions:

1. **Volunteer Status.** I freely and voluntarily desire to participate as a volunteer for the Shelter, and I understand that all services performed by me will be done so on a strictly voluntary basis and without compensation or benefits of any kind.
2. **Guidelines.** I understand that I must comply with all of the rules, agreements and protocols established by the Shelter (which may change from time-to-time) and that my volunteer privileges may be revoked or suspended by the Shelter, in its sole and absolute discretion and at any time (for example, for noncompliance or other safety or disruption issues).
3. **Assumption of Risk.** I understand that my volunteer work may include activities that may be hazardous, including, for example, contact with animals who even under the best of circumstances may bite or scratch or transmit zoonotic diseases, and contact with clients, other volunteers and the general public. I understand and acknowledge that my volunteering is not without risk of serious injury, illness, death or property damage, and I expressly and fully assume any and all risks in connection therewith.
4. **Medical Treatment.** I understand that *I am solely financially responsible* for any first aid, medical treatment or care for any injury or illness resulting from my volunteer activities. I have been encouraged to obtain my own insurance coverage and to consult with a medical professional to address any concerns prior to my volunteering, including, for example, any recommended vaccinations before handling animals.
5. **Waiver and Release.** In consideration of my participation as a volunteer for the Shelter, and good and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I (together with my spouse, heirs, successors, representatives and assigns) agree to assume and to forever release, waive, discharge, indemnify and hold harmless each of SAS, SF SPCA, and APL, including each of their respective directors, officers, employees, agents, successors, and assigns (collectively, the “Released Parties”), for any and all claims, demands and damages of every kind and nature whatsoever, which I may have or which may hereafter accrue to me, against any of the Released Parties on account of any property damage, death, personal injury or illness, and the treatment thereof, including those caused by negligence or carelessness attributable to the Released Parties, whether known or unknown, foreseeable or unforeseeable, relating to my participation as a volunteer for the Shelter.
6. **Media Release.** I grant to the Shelter and its sponsors and agents permission to use my name, likeness and statements in any and all photographs, audio or video recordings, or other media made during my volunteer activities, which shall be the sole property of the Shelter and may be used without payment or notification.
7. **Confidential Information.** I agree to hold all Confidential Information in strict confidence and to take all actions reasonably necessary to protect its confidentiality. “Confidential Information” means any information that a person exercising reasonable business judgment would understand to be confidential or proprietary that is disclosed to me or to which I have access in connection with my volunteer activities.
8. **Other.** I agree that this Release is intended to be as broad and inclusive as permitted by the laws of the State of California and that it be governed by and interpreted in accordance with the laws of the State of California. The above terms and conditions constitute the entire agreement between me and the Shelter, which will remain in full force and effect until expressly revoked or terminated in writing by SAS, SF SPCA, or APL on such party’s own behalf.

**Volunteer Name** (Print Clearly): \_\_\_\_\_

\_\_\_\_\_  
**Volunteer Signature**

\_\_\_\_\_  
**Date**