



## Royse City Animal Services Volunteer Application

Volunteer Name: \_\_\_\_\_

Address: \_\_\_\_\_

Email: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Are you at least 17 years of age? Yes \_\_\_ No \_\_\_ (If no, please complete Junior Volunteer Application)

How did you find out about our volunteer program?

\_\_\_\_\_

Are you able to volunteer at least 3 days per month? Yes \_\_\_ No \_\_\_

Are you interested in becoming a **Special Events Volunteer**? Yes \_\_\_ No \_\_\_  
(These volunteers help out staff fund-raising events, Pet Photos, etc.)

Are you interested in becoming a **Financial Supporter**? Yes \_\_\_ No \_\_\_  
(Your contribution is essential in helping us care for homeless animals and continue our many programs and services.)

Please describe any previous volunteer experience? With what organization?

\_\_\_\_\_

Any special skills/talents you would like to put to use?

\_\_\_\_\_

The Royse City Animal Shelter may have to euthanize animals that are determined to be unadoptable due to severe health or behavior issues. Will you be able to respect the decisions of the RCAS staff when we deem it necessary? Yes \_\_\_ No \_\_\_

Do you have any physical, medical or psychological limitations that would affect your ability to perform certain volunteer duties, i.e., heart condition, back injury, allergies, pregnancy, etc.? If yes, please describe.

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Emergency Contact Information

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

***Please attach a copy of the volunteer's Driver's License for background check***



### Junior Volunteer Application

If you are a volunteer that is 14 through 16 years of age, a parent/guardian is required to be an active participant in the volunteer program with you and must accept the responsibility of supervising all of your volunteer activities, including training sessions and meetings.

Name of Junior Volunteer \_\_\_\_\_ Age \_\_\_\_\_

Name of Adult \_\_\_\_\_ Relationship \_\_\_\_\_

How did you find out about our volunteer program?  
\_\_\_\_\_

Are you both able to volunteer at least 1 day per month? Yes \_\_\_ No \_\_\_

Please describe any previous volunteer experience? With what organization? \_\_\_\_\_  
\_\_\_\_\_

Are you required to do volunteer or community service work for school or any other agency?

Yes \_\_\_ No \_\_\_

Name of school or agency \_\_\_\_\_ Number of hours required \_\_\_\_\_

Name of contact person \_\_\_\_\_ Phone \_\_\_\_\_

Do you have any physical, medical or psychological limitations that would affect your ability to perform certain volunteer duties? If yes, please describe.  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Emergency Contact Information

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



### Royse City Animal Shelter Terms of Service

This agreement is intended to indicate the seriousness with which we treat our volunteers. The intent of the agreement is to assure you of both our deep appreciation for your services and to indicate our commitment to do the very best we can to make your volunteer experience here a productive and rewarding one.

1. I agree to abide by the policies and procedures presented to me at the Volunteer Orientation and Training Meetings, and any subsequent information that I am presented with by the Volunteer Project Manager.
2. I fully understand that the RCAS handles a large number of animals on a yearly basis. The disposition of these animals is unknown to the RCAS. I agree to hold the RCAS harmless for any injury(ies) which I or the junior volunteer under my supervision may sustain, including, but not limited to, injuries caused by animals during the course of my(our) volunteer duties with the RCAS.
3. I understand that the RCAS records regarding previous or new owners are to be kept confidential.
4. I agree to perform my volunteer duties in good spirit and to the best of my ability and to seek guidance when I am in doubt.
6. I agree to be prompt and reliable in attendance, to contact the Volunteer Program Manager or Shelter Manager if unable to work as scheduled.
7. I agree to attend continuing training classes, as provided, to maintain an ongoing competence in the performance of my job. I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Program Manager.
8. I agree to respect the staff and other volunteers and strive to maintain a smooth working relationship. If communication problems develop between employees/other volunteers and me, I will report these to a Royse City Staff member as soon as possible.
9. I agree to accept RCAS's right to dismiss a volunteer.
10. I agree to work safely, adhering to RCAS's training guidelines.

ACCEPTANCE AND SIGNING THIS FORM IS A CONDITION OF VOLUNTEERING FOR THE ROYSE CITY ANIMAL SHELTER AND LIMITS YOUR LEGAL RIGHTS. VOLUNTEER (AND PARENT OR GUARDIAN, IF APPLICABLE) MUST READ AND SIGN THIS FORM.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Signature of parent/guardian \_\_\_\_\_ Date \_\_\_\_\_

Signature of RCAS Representative \_\_\_\_\_ Date \_\_\_\_\_

Title \_\_\_\_\_



## Royse City Animal Shelter Release

The City of Royse City is committed to conducting its volunteer programs and activities in the safest manner possible and holds the safety of the participants in the highest possible regard. Participants and parents registering their child in volunteer programs must recognize however, that there is an inherent risk of injury when choosing to participate in these activities. The City of Royse City continually strives to reduce risks and insists that all participants follow safety rules and instructions which have been designed to protect the participants' safety. Please recognize that the City of Royse City may not carry medical accident insurance for injuries sustained in its programs. The cost could make program fees prohibitive. Therefore, each person registering themselves or a family member for a program/activity should review their own health insurance policy for coverage. It must be noted that the absence of health insurance coverage does not make the City of Royse City automatically responsible for payment of medical expenses.

### WAIVER AND RELEASE OF ALL CLAIMS

**Please read this form carefully and be aware in participating in the program(s) with the City of Royse City, you will be waiving and releasing all claims for injuries you might sustain arising out of the activities of these programs.**

As a participant in the program, I recognize and acknowledge that there are certain risks of physical injury and I agree to assume the full risk of any injuries, including death, damages or loss regardless of severity which I may sustain as a result of participating in any and all activities connected with or associated with the program.

In consideration of being permitted to participate in Royse City Volunteer Programs, the undersigned, and if the Participant is under the age of eighteen (18) an adult with legal responsibility for the Participant,

- 1) **Hereby releases and discharges the City of Royse City, Texas, and all of its present and former agents, employees, officials and representatives in their official, individual and representative capacities (collectively referred to hereinafter as the "City") from any and all claims, demands, causes of action, judgments, liens and expenses (including attorney's and expert witness fees), costs and damages (whether common law, statutory or constitutional and whether actual, punitive, consequential or incidental), of any conceivable character, due to or arising from injuries to persons (including death) or to property (both real and personal) created by, arising from or in any manner relating to my participation in the program and activities for which this Release is given. THIS RELEASE EXPRESSLY INCLUDES LIABILITY ATTRIBUTABLE TO THE NEGLIGENCE OF THE CITY OR OTHER RELEASED PARTY AND LIABILITY ASSESSED WITHOUT REGARD TO FAULT OR ASSESSED IN THE ABSENCE OF FAULT.**
- 2) Hereby acknowledges that the execution of this release shall not constitute a waiver by the City of the defense of governmental immunity or official immunity, where applicable, or any other defense recognized by the state or federal courts.
- 3) Hereby further agrees to indemnify and hold harmless and defend the City and its officers, agents, servants and employees from any and all claims from injuries, including death, damages and losses sustained by me or arising out of, connected with, or in any way associated with the activities of the program.
- 4) Hereby authorizes the City of Royse City officials, in the event of emergency, to secure from any licensed hospital, physician, and/or medical personnel any treatment deemed necessary for my immediate care and I agree that I will be responsible for payment of any and all medical services required.



- 5) Hereby understand and agree to the City of Royse City’s photo policy that allows the City of Royse City to video tape or take photographs of participants enrolled in City of Royse City activities, classes, or programs, or may take photographs of people in City of Royse City parks. These photographs and/or video tapes are for use in future program magazines, brochures, district promotional literature, or for use on cable television.

**I HAVE READ THIS RELEASE, WAIVER OF LIABILITY AND PERMISSION TO SECURE TREATMENT AND FULLY UNDERSTAND ITS TERMS. I UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND VOLUNTARILY WITHOUT ANY INDUCEMENT, ASSURANCE OR GUARANTEE BEING MADE TO ME AND INTEND MY SIGNATURE TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW.**

\_\_\_\_\_  
Participant’s Name (Please Print)

\_\_\_\_\_  
Participant’s Address

\_\_\_\_\_  
Participant’s Signature

\_\_\_\_\_  
Participant’s Telephone Number

If Participant is under 18 years of age: In consideration of the Participant being permitted to participate in the Training, I as the parent or legal guardian of the Participant, hereby certify that I am an adult with legal responsibility for the Participant whose name and signature appear above, and I have authority to contract, and waive rights, on behalf of the minor Participant and do so as set forth above. If there are other parents or legal guardians of the Participant, I further certify that I have provided a copy of this waiver to such person(s) and that such persons agreed with all provisions of this Release and Waiver of Liability.

\_\_\_\_\_  
Name (Please Print)

\_\_\_\_\_  
Signature

Confidential Information remains the exclusive property of the City of Royse City and in no form shall be relayed, copied, destroyed, disclosed or removed. This Agreement shall be effective as of the date of the last signature and shall thereafter continue until signer resigns in writing his/hers volunteer status with the City of Royse City Human Resources Director.