

VOLUNTEER APPLICATION FORM

STAMFORD ANIMAL CONTROL CENTER

201 MAGEE AVE., STAMFORD, CT 06902/TELEPHONE (203)977-4437

APPLICATION DATE _____

Name _____ DOB _____ DL# _____

Address _____ City & Zip _____

Phone #'s: Home (_____) _____ Cell (_____) _____ Work (_____) _____

E-mail address (required):

Emergency Contact _____ Relation _____ Phone # (_____) _____

Why are you interested in volunteering at the shelter? _____

Do you currently have pets? _____ No _____ Yes If yes: How many? _____

What type/breed/age? _____

How long have you had them? _____

How did you get your pet(s)? _____

Please describe your experience with domestic animals: _____

Do you have special talents, skills, or training in handling domestic pets? _____

Do you have a health/medical situation that would be affected by working at the shelter? _____ No _____ Yes

If yes, please explain: _____

Please indicate below the time(s) you are available to volunteer:

	MON	TUES	WED	THURS	FRI	SAT	SUN
TIME							

Please read below and sign:

Stamford Animal Control Center assumes no responsibility or liability for any injury sustained while working with Stamford Animal Control Center and its animals. Stamford Animal Control Center reserves the right to refuse volunteer privileges at its discretion.

Signature

Date

Volunteer Hold Harmless Agreement and Waiver

1. I will follow all orders or instructions issued to me by any member of the Stamford Police Department or any officer or employee of the City working at the Animal Control Center. I understand, however, that the City's personnel cannot continuously monitor and supervise my activities, and I release the City of Stamford, its officers, agents or employees, including the Stamford Police Department, from any claims based on the level of supervision provided.
2. I will indemnify and hold harmless the City of Stamford, its officers, agents and employees, including the Stamford Police Department, from any and all claims for any injury, disease, damages or liability of any nature arising from or related to my participation in activities at or related to the Animal Control Center.
3. I waive any and all claims I might have or may have in the future, against the City of Stamford, its officers, agents or employees, including the Stamford Police Department, which do or might arise from my participation in the activities at or related to the Animal Control Center.
4. I fully understand, appreciate and accept the risks involved in activities at the Animal Control Center, including but not limited to the risks associated with the handling of animals at the Center such as animal bites, infection (including rabies, a fatal disease), disfigurement, and scarring, and the transmission of disease to any animals I own or come in contact with outside the Center, and hereby release the City, its officers, agents and employees, including the Stamford Police Department, of any claim or inadequate warnings, inadequate precautions or inadequate control over the animals at the Center.
5. I have experience interacting with dogs and other animals such as those at the Center and have done so for ____ years. I understand the City is relying on my representation that I have such experience in allowing me to interact with the animals at the appropriate level before the City's training program has been implemented.
6. Volunteers must carry personal medical insurance for potential injuries. A copy of your medical card is required. I am covered by (insurance company) _____, policy or ID #_____.
7. The undersigned agrees to participate in the training program conducted by the Stamford Animal Center and to use reasonable due care at all times while engaged in volunteer activities.
8. I understand that, as a volunteer, I am not permitted to represent or speak for the Center to the public, media, social media or other outlets.
9. The undersigned agrees to abide by and uphold the Center's philosophy and policies.

I have read this agreement, understand its content, and will abide by it.

Please print your name

Date

Signature