



VOLUNTEER APPLICATION

PLEASE PRINT

Todav's Date	
LOUAV S DAIR	

PERSONAL INFORMATION (15-17 years old, parent or guardian must sign)

Last Name	First Name		What is yo		ur age range?			
	Middle Initial				15-17 18-30 31		40 41-50	51-65
00#	Llama Dharr				65+			
SS#	Home Phone				Cell Phone			
xxx - xx								
Address			Apt #					
City	State		Zip					
	Clair							
E-Mail	Driver's License or I.D.	#			Date of Birth			
- Maii	Briver e Licerice et 1.B.				Bate of Birth			
EDUCATION & WORK EXPERIENCE								
Current employment status (Circle One)		Cir	rcle last yea	ar of school	ol completed:			
Employed Full Time Employed PT Hom	emaker/Unemployed/Retire	ed Hid	gh School	9	10 11	12		
Current student? If student, where?	College Major							
N (N		Co	ollege 1	2 3	3 4			
Yes / No Current / Most recent employer		_						
Current / Most recent employer		Gr	Graduate School 1 2 3 4					
What is your profession?		La	Language(s) spoken:					
			☐ English ☐ Spanish ☐ French ☐ Other					
Have you ever been convicted of a felony? Yes No Military background/federal/state employee: If yes, please elaborate (Answering yes does not necessarily preclude volunteer service):								
	AV	AILA	BILITY					
How long of a commitment can you make?	Availability – Please che	ck the b	oxes for the	e days and	d times you ar	e the most of	ten available t	o volunteer.
□ 6 Months	s		M	Т	W	Th	F	s
				-		+		
☐ 9 Months ☐ 12 Months	First Shift							
☐ Indefinitely	10am – 1pm							
	0 101.6							
	Second Shift 1pm – 4pm							
	трін — трін			1				
	Third shift							
	4pm – 6pm							
A minimum of 6 months / 17 hours								
monthly to complete 100	Last Shift Offsite events							

This section for animal shelter use only:

Background Check: Pass Fail	Welcome email sent: □
Email Entered: Yes N/A	B/O Schedule date/time:
Minor Yes No Age	Adult Supervisor:

Please check the box next to your area(s) of interes	st:			
 □ Kennel Assistant – Assist staff with the day-to-da □ Canine/Feline Enrichment – help increase adopta □ Customer Service Greeters – Assist customers in □ Photographer Assistant – help increase adoptabi □ Bather/Groomers – help increase adoptability by □ Administrative Support – provide support to multi □ Clinic Support – Assisting vet techs and clinical s □ Events – Assist Adoption Counselors and Event □ Volunteer Assistant – Assist Special Needs Volunteer 	ility by assisting Photographers take pictures. bathing, de-ticking pets and assisting groomer. iple departments. staff with day-to-day operation. Coordinator in shelter and off-site events. nteers with different tasks/assignments.			
Do you have any particular skills or interests that yo	ou think could help in a unique way?			
Do you have any physical limitations that may requi	ire accommodation or restrict your volunteer experience? Please explain			
VOLUNTEE	R EXPERIENCE / MOTIVATION			
What animals do you currently care for?				
List and describe any previous volunteer experience you have: List any skills, interests, hobbies or experiences you have had w	Please indicate the reason you are seeking a volunteer position: Personal fulfillment To meet new people Family / Friends already involved Requirement Professional Development Extra Time Other Other			
Please tell us how you found out about volunteering ☐ Newspaper ☐ Website ☐ Television ☐ Frien				
EMERGEN	CY CONTACT INFORMATION			
Contact Name:	ame: Relationship to volunteer:			
Home Phone:	Cell Phone:			



VOLUNTEER AGREEMENT

- I will abide by the policies and procedures set by Miami-Dade Animal Services and will treat animals respectfully and with care.
- I agree to the minimum commitment requirement set by Miami-Dade Animal Services and understand that if I am unable meet the requirement, I will forfeit the accumulated hours.
- I understand that Animal Services is an open admission facility and though the attempt is made to save as many animals as possible, euthanasia is at times medically indicated to alleviate pain and suffering as determined by a veterinarian.
- I will speak in a positive manner regarding Animal Services at all times and be polite and professional to all staff, other volunteers and the public at all times.
- I understand that engaging in malicious activities that may damage the reputation of the
 Department, its rescue partners, employees or other volunteer is counterproductive to
 the parties' mutual mission of promoting adoptions of stray animals and the reduction of
 the stray population in Miami-Dade County. Accordingly, such actions may result in
 termination of this Agreement by the County.
- Because my safety is paramount, safety protocols must be adhered to at all times and at all levels; thus, I must have the ability to follow and execute written and verbal instructions from designated immediate supervisors and chain of command.
- I understand that the application or administration of any prescription or over the counter medication whether orally, topically, by injection or any other parenteral route is strictly prohibited. This includes food but is not limited to any and all pills, capsules, tablets, creams, ointments and liquids.
- I will wear my uniform, which includes jeans, sneakers, my volunteer shirt and badge.
 In addition, I will do the job I am assigned to and stay in the area assigned. I will also limit my phone usage while volunteering and use it in the front or sides of building as courtesy to the customers.
- I will only speak to the Volunteer Coordinator or a supervisor, regarding any problem with an animal, staff of the public.
- I agree to respect the confidential nature of the information I may obtain. I understand
 that my failure to follow the policies and rules of the Animal Services Department will
 result in the termination of my service with the Department.
- I understand that if I am in violation of Chapter 5 of Miami-Dade County code and/or the Volunteer Code of Ethics that my volunteer status may automatically terminated.

Signature:		
Print Name·	Date:	



VOLUNTEER WAIVER

1.		y personal property while performing my vo				
2.	I recognize that in handling animals at Animal Services while performing my volunteer services, there exists a risk of injury, including personal physical harm. On behalf of myself, my heirs, my personal representatives and executors, I hereby release, discharge, indemnify and hold harmless Miami-Dade Animal Services, its agents, servants and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Agreement. This might include costs and attorney's fees and court costs incurred by Animal Services in connection with my volunteer services based on damages or injuries which might be incurred or sustained but are not limited to animal bites, accidents, injuries and personal property damage.					
3.	I understand that public relations are an important part of volunteering at Animal Services. I therefore agree on behalf of myself, my heirs, my personal representatives and my executors, to allow Animal Services to use any photographs taken of me for use in public relations efforts. Animal Services will use reasonable efforts to notify me before use, but such notification is not a condition of photographs being released for public relations purposes.					
4.	I acknowledge that I have read and fully understand the terms and conditions of the foregoing volunteer agreement and release and that I will comply with same.					
	Volunteer Signature	Animal Services Representative	Date			
	PERMISSION FOR THE	OSE UNDER 18 YEARS OF AGE TO VOL	UNTEER			
1.	my child/ward to volunteer independen	bove-mentioned volunteer, I hereby give my ently (16 -17 years old) for Miami-Dade Anin ment and Release and understand that I m	nal Services as			
2.	As a parent or legal guardian of the above-mentioned volunteer, I hereby give my consent to allow my child/ward to volunteer for Miami-Dade Animal Services as described within this Volunteer Agreement and understand that I must volunteer with above-mentioned volunteer (15 years old) at all times. Additionally, I understand that I will do the mandatory background check along with my child/ward.					
3.	I have read this Volunteer Agreement and Release and fully understand its terms and conditions. On behalf of my child/ward and myself, I agree to all terms and conditions as set out in the Volunteer Agreement and Release.					

Animal Services Representative

Date

Parent/Guardian Signature



SPECIAL NEEDS VOLUNTEERS

Volunteers of all abilities are welcome at Miami-Dade County Animal Services Department. We provide various opportunities at differing skill levels to ensure all volunteers are engaged. Such opportunities include, but are not limited to, administrative support, adoption counselor, bather/groomer, canine/feline enrichment, clinic support, customer service greeter, and kennel assistant. Most volunteer activities that involve direct animal contact require bending, stooping, and the ability to lift 50 pounds.

As such, volunteers working independently and in direct contact with our animals must successfully complete volunteering requirements, i.e., orientation and training and receive a positive recommendation concerning their ability to work with animals. Additionally, because there is no way to predict, with certainty, how an animal will behave or interact with volunteers, for the safety of all volunteers, staff, and the animals under our care, volunteers must be able to monitor visual and auditory cues which may indicate that an animal may pose a danger.

Volunteers who do not meet the criteria for independent volunteering are still permitted to work directly with our animals. However, they must be accompanied by a personal assistant, an adult family member, friend, or professional aide, who has successfully completed the volunteering requirements and is capable of assisting the volunteer.