



702 N. Grimes  
Hobbs, NM 88240  
Tel: 575.397.9323

## Animal Adoption Center Youth Volunteer Application

You must be 12-15 years of age and have health insurance to participate.  
*Please print clearly!*

Name: \_\_\_\_\_ Gender (M or F): \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Telephone: \_\_\_\_\_ Your Cell Phone: \_\_\_\_\_

Email: : \_\_\_\_\_

School Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

***Please answer the questions below:***

1. Why do you want to help the City of Hobbs Animal Adoption Center?

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2. Have you done any volunteering in the past? Yes No

If yes, when? \_\_\_\_\_

Where? \_\_\_\_\_

3. What do you hope to learn from your volunteer experiences at the City of Hobbs Animal Adoption Center?

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4. Which areas of the shelter would you like to work in the most – dogs or cats?

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5. Do you have allergies to animals? Yes No If yes, to what? \_\_\_\_\_

6. What has your experience been with animals in the past? Are you scared of animals? Have you ever been bitten?

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7. Will you receive community service credit at school or through an organization? Yes No

If yes, what are the requirements for this project? Number of hours required?

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Do you plan to continue volunteering once you have completed your required project hours? Yes No

On what date are your service hours due? \_\_\_\_\_

8. Do you have any physical limitations and/or learning disabilities that need special accommodations?

9.

In case of emergency, please notify:

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

**Do you have any physical, medical or psychological limitations or disabilities? (i.e., heart condition, mental illness, learning disabilities, back injuries, epilepsy, etc.) If yes, please explain:**

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T-Shirt size: S M L XL XXL (circle one)

List any previous volunteer experience:

Agency	Activity	Dates

Why are you volunteering at the City of Hobbs Animal Adoption Center?

Help Homeless Animals     Community Service Credit     Placement w/Vocational Counselor or Case Manager  
(through school)

**Please be aware that if you need to fulfill Court Mandated Community Service hours, you must contact Ernie Wheeler at 575-397-4605. You may not go through the regular Adult Volunteer Program to complete this service requirement.**

If volunteering with Vocational Counselor or Case Manager what is their:

Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Company name: \_\_\_\_\_

Volunteer work at the Shelter is not only animal-related, but does involve contact with the general public. What type of public-contact experience have you had?

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List your specific skills and talents that might be useful in your volunteer work: (artistic, photographic, computer, language, animal handling experience, etc.)

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What is your experience with dogs?

First-time owner     Have had 1 or 2     Knowledgeable & experienced

What is your experience with cats?

First-time owner     Have had 1 or 2     Knowledgeable & experienced

What other types of animals have you had experience with?

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Please give the name of two (2) references that know of your abilities and interests – they may be personal, professional, volunteer or school references:

<b>Reference</b>
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Name: Personal: <input type="checkbox"/> Professional: <input type="checkbox"/> School: <input type="checkbox"/> Other: <input type="checkbox"/>	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable:	

<b>Reference</b>	
Name: Personal: <input type="checkbox"/> Professional: <input type="checkbox"/> School: <input type="checkbox"/> Other: <input type="checkbox"/>	
Phone #:	
Describe relationship with reference and duties performed at organization if applicable:	

**Volunteer Questionnaire:**

1. What attracted you to the City of Hobbs Animal Adoption Center?
  
2. Which opportunities interest you the most?
  
3. What are your goals as a volunteer at the City of Hobbs Animal Adoption Center?

**The City of Hobbs Animal Adoption Center  
Waiver, Release, and Indemnification Agreement**

This agreement is entered into with The City of Hobbs (City) jointly by the undersigned  
\_\_\_\_\_ (print your name), in order to permit the Volunteer to

participate in the In-Shelter Volunteer program. This Agreement is for the benefit of City and each of its staff members, employees, agents, and representatives (known individually as an "Indemnity" and collectively as "Indemnities").

Volunteers have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, City cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with shelter animals:

- Bites or scratches from dogs, cats, rabbits, rodents, and birds
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers from a dog leash
- Slips/trips/falls resulting from wet floors/kennels or equipment
- Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Flea/tick bites or ring worm infestation
- Internal or external parasites
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, litter, or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, driers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public (outbursts, inappropriate contact)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while parked on OHS grounds
- Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that City and Indemnities shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of City, any Indemnity, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnity against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter.

Volunteers fully, completely, and unconditionally waive and release each Indemnity from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against City or any Indemnity relating to participation at the shelter.

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency occur while participating at the shelter or while Volunteer is en route to or from City-sponsored events and City staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for City staff members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication.

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent Signature if volunteer is under 18:

\_\_\_\_\_  
(Signature)

Daytime telephone number(s): \_\_\_\_\_

Evening telephone number(s): \_\_\_\_\_

Emergency contact/number: \_\_\_\_\_

**Medical Information:**

\_\_\_\_\_  
(Name of insurer)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Insurer's telephone number)

\_\_\_\_\_  
(Physician's name)

\_\_\_\_\_  
(Physician's telephone number)

## City of Hobbs Animal Adoption Center Volunteer Background Checks

To better protect any members of vulnerable populations (children, elderly person, physically or mentally disabled persons) and in compliance with our general liability insurance, we may run background checks on City volunteers.

Using the information provided on the attached form, City will check for arrests or convictions of crimes. If a specific arrest or conviction appears on someone's record, we are notified of that fact, without details. If nothing shows up on the check, we receive that information only. We do not receive any information about driving records or other history.

If you have been convicted of a crime, please describe the details and dates on a separate sheet of paper and submit it with your application. The information you provide will be taken into consideration when we review your application. Your application and any other information you provide is kept confidential.

Volunteer's Name: \_\_\_\_\_ Date: \_\_\_\_\_

Driver's License: \_\_\_\_\_ State: \_\_\_\_\_

Background information is necessary in order for you to volunteer at the City of Hobbs Animal Adoption Center. Refusal to provide the necessary information may result in denial of volunteer applicant's acceptance into the Volunteer Program. You do, however, have the right to refuse to answer any or all questions. If, indeed, you feel the need to do so, please write, "Refuse to answer".

1. Have you ever been convicted of a felony? \_\_\_\_\_

2. If so, what was the crime and when were you convicted?

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3. How long have you been at your present residence? \_\_\_\_\_

4. If less than one (1) year, please list your previous address:

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I hereby affirm the information given above is true to the best of my knowledge and give the City of Hobbs Animal Adoption Center permission to use said information in order to obtain data regarding my background.

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

## City of Hobbs Animal Adoption Center Volunteer Agreement

In signing this agreement, I understand and agree to the following:

I will treat all animals, people, and property I come in contact with at the City of Hobbs Animal Adoption Center with respect. I will refrain from using profanity and conduct myself with courtesy at all times.

I will be on time for my scheduled shift. I will sign in and sign out for my shift. I will report by phone to the center director in the event I am unable to report for my shift.

I agree to commit to volunteering a minimum of 12 hours per month for the first three (3) months, and then strive to continue to reach 8 hours monthly after that. When I am no longer able to volunteer at the shelter, I will return my name badge.

I will wear any City provided clothing or badge while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks.** Because each volunteer is a representative of City in the eyes of the public, we ask that volunteers have no visible tattoos of an offensive nature. For safety reasons, we ask that volunteers cover or refrain from wearing visible body piercings, except for ears.

I agree to be supervised by the designated staff person. If I feel that a communication problem exists between paid staff and myself, I will report the problem to the Center Director as soon as possible.

I give the City of Hobbs Animal Adoption Center ("City") the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced.

I understand that as a volunteer I may gain access to information about City, customers, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

Volunteering at the City of Hobbs Animal Adoption Center is at-will. Active volunteer status at City may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or City. **I understand that if I have no reported hours for six (6) months, my active status as a volunteer will be removed.**

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Volunteer Signature

Date

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Print name

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Parent/Guardian Signature (if under 18 years)

Date

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Print Parent/Guardian name