



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?

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?

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

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?

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?

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?

Please explain: _____

9. Have you ever been convicted of a crime? Yes No

If yes, Please explain the offense and level of conviction (misdemeanor/felony).

10. Indicate the days and times you would be available in the box below:

Day	Mornings	Afternoon
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		

Are you available for the above indicated times for at least six months? Yes No

The City of Hobbs Animal Adoption Center will only accept applications from youth who can attend times for a period of at least six months. If you cannot, please wait and apply when you can attend on a regular basis. If you apply for a specific time in the spring or summer, you must be able to attend those same times in the fall, during the school year.

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

This agreement is entered into with the City of Hobbs ("City") jointly and severally by the undersigned ("Parents") as the parents or guardians of _____ ("Child"), in order to induce City to permit Child, and in consideration of City permitting Child, to participate in the Youth Volunteer Program at the Animal Adoption Center. 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").

Parents have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. Parents understand that the following are some, but not all, of the risks associated with the activity:

- Bites or scratches from dogs or cats
- 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 head 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 City property
- Damage to clothing from animals, cages, chemicals, etc.

Parents are aware that injuries, loss of or damage to personal property, and death may occur as a result of Child's participation at the shelter. **PARENTS AGREE THAT CITY AND INDEMNITIEES SHALL NOT BE RESPONSIBLE OR LIABLE FOR ANY DEATH, PERSONAL INJURY, OTHER INJURY, DAMAGE, LOSS, OR EXPENSE, EITHER TO CHILD OR CHILD'S PROPERTY, WHETHER OR NOT SUCH DEATH, INJURY, DAMAGE, LOSS, OR EXPENSE IS CAUSED BY NEGLIGENCE OF CITY, ANY INDEMNITEE, OR A THIRD PARTY.**

Parents and their heirs, executors, administrators, and assigns agree to defend, indemnify, and hold harmless each Indemnity against any and all manner of legal actions, such as suits, debts, claims, or liability of every kind incurred or arising by reason of Child's participation in the activity including, but not limited to, injuries to or death of Child or others and loss of and damage to property. Parents fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, costs, attorney fees, or expenses of whatever kind and nature that Parents of Child may have now or in the future against City or any Indemnitee relating to the activity and covenant not to assert any cause of action against City or any Indemnitee with respect thereto. **IT IS THE INTENTION OF PARENTS BY THIS AGREEMENT TO EXEMPT AND RELIEVE CITY AND EACH INDEMNITEE FROM, AND INDEMNIFY CITY AND EACH INDEMNITEE AGAINST, ALL LIABILITY FOR DEATH, PERSONAL INJURY, OR PROPERTY LOSS OR DAMAGE, OF OR TO CHILD OR OTHERS, INCLUDING BUT NOT LIMITED TO, THAT CAUSED BY NEGLIGENCE OF CITY AND INDEMNITEE OR A THIRD PARTY.**

Parents represent and warrant that Child is physically and mentally fit to safely participate in the Youth Volunteer Program. 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 Child's Parents for medical authorizations, Parents hereby give consent for City staff members to authorize necessary hospitalization and medical treatment, including but not limited to, injections, anesthesia, surgery, and medication. Parents represent and warrant that Child has current medical insurance coverage and agree to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Parents 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.

Parent/Guardian: _____ Date: _____
(Signature)

Printed Name: _____

Relationship to Minor: _____

Parents/Guardians please fill in all that apply:

Name: _____

Name: _____

Address: _____

Address: _____

Home: _____

Home: _____

Work: _____

Work: _____

Cell: _____

Cell: _____

Other: _____

Other: _____

Medical Information:

(Name of insurer)

(Policy Number)

(Insurer's telephone number)

(Physician's name)

(Physician's telephone number)

**City of Hobbs Animal Adoption Center
Youth Transportation Contract**

Please read thoroughly:

The safety of the youth participating in programs at the City of Hobbs Animal Adoption Center ("City") is a priority for all of us at the shelter. Please read and understand the following **measures may be taken at our discretion**, if necessary to ensure your child is not left at our facility unattended.

I, the undersigned parent or guardian of _____, agree to pick up my child **on time and/or no later than 15 minutes after the end time of the assigned shift**. If I am later than this time, I understand that the City may contact 3 emergency numbers that I have authorized. Should these contacts fail to provide transport for my child, City **will charge \$1.00 per minute per child starting from 15 minutes after the end of time of the assigned shift until time of pick up**.

In extreme cases, City reserves the right to use our discretion and contact the appropriate authorities and/or the police if we have no other option. I understand that if City performs these actions in order to safely remove my child from the premises; my child may lose the privilege to participate in any of the programs/services available to minors at this facility.

Parent/Guardian: _____ Date: _____
(Signature)

Printed Name: _____

Relationship to Minor: _____

Emergency Contacts *Other Than Parent* (Please fill out all three):

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Name: _____

Relationship to Child: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

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 am prepared and willing to walk dogs that pull on the leash and are reactive to other dogs as part of my duties.

I will be on time for my scheduled shift and I will leave my shift no later than 15 minutes after the end of the shift. I will sign in and sign out for my shift at the front desk. 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 4 hours per month for the first six (6) months (you may volunteer longer if you wish). When I am no longer able to volunteer at the center, I will inform the Center Director.

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.**

Youth Volunteer Signature

Date

Print name

Parent/Guardian Signature

Date

Print Parent/Guardian name