



# Volunteer

Application

**Citrus County Animal Services**

4030 S. Airport Rd.

Inverness, FL. 34450

Office: (352)746-8400

Fax: (352)726-4120

## PERSONAL INFORMATION

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

(Last)

(First)

(Middle)

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Phone: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

Email: \_\_\_\_\_ Driver's License Verified \_\_\_\_\_

How did you hear about our volunteer positions? \_\_\_\_\_ Birthdate \_\_\_\_/\_\_\_\_/\_\_\_\_

Are you volunteering for class or court ordered community service credits/hours? YES NO

If YES, please complete following: Number of hours: \_\_\_\_\_ Required date of completion: \_\_\_\_/\_\_\_\_/\_\_\_\_.

How long/often do you plan to volunteer for Animal Services? \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Phone #'s: \_\_\_\_\_

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

## VOLUNTEER INFORMATION

**Please check the volunteer activities you are interested in.**

\_\_\_\_ Dog Walker/Exerciser \_\_\_\_\_ Bathing/Grooming \_\_\_\_\_ Cat Cuddling \_\_\_\_\_ Front Office/Clerical/Phones

\_\_\_\_ Lost/Found Pet Liaison \_\_\_\_\_ Special Needs Area \_\_\_\_\_ Greeter \_\_\_\_\_ Foster

Please list any training, experience or education in animal care and welfare, including your own pets: \_\_\_\_\_

List any other skills, interests or hobbies (animal or non-animal related): \_\_\_\_\_

While we try our best to help each animal in our shelter find a home, there are instances when an animal, due to space, medical, behavior or other reasons must be euthanized or put to death. Although you will not be involved in this process, we would like to know how you feel about it: \_\_\_\_\_

Some volunteer tasks may include lifting, bending, or carrying cages or other heavy supplies as well as handling, grooming or moving large animals. Some volunteer positions require the ability to safely return animals to their appropriate cages/kennels and to read kennel cards. Volunteers must be alert at all times around unpredictable and dangerous animals and able to communicate with employees and the public. Do you have any allergies, health/physical condition(s), disabilities or psychological limitations which may restrict your activities as listed above or put you in any sort of danger? YES\_\_\_\_ NO\_\_\_\_

If YES, list special accommodations needed \_\_\_\_\_

I, (Print Name) \_\_\_\_\_ recognize that staff sometimes must make decisions that are hard to make and that I do not agree with. I agree that I will not in any way interfere with staff's duties or judgment calls.

Signature \_\_\_\_\_

Thank you for applying to volunteer with CCAS. In signing this application, I understand and agree:

- \* To attend the required training and to abide by the CCAS Volunteer Program policies and procedures;
- \* To follow written and oral directives from CCAS staff;
- \* That I can be terminated from the volunteer program at any time;
- \* To give CCAS permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program;
- \* To show a copy of my driver's license or identification card; and,
- \* That if I am under 18, I must have parent consent before I may volunteer at CCAS.
- \* That this is not a paid position and that I am not an employee of the Citrus County BOCC.

<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/> <div style="border-top: 1px solid black; margin-top: 2px;">Signature of Volunteer</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/> <div style="border-top: 1px solid black; margin-top: 2px;">Date</div>
<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/> <div style="border-top: 1px solid black; margin-top: 2px;">Signature of parent or guardian (if under age 18)</div>	<hr style="border: none; border-top: 1px solid black; margin-bottom: 2px;"/> <div style="border-top: 1px solid black; margin-top: 2px;">Date</div>

#### INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

I, (Print Name) \_\_\_\_\_ wish to be a volunteer with CCAS. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury and/or bodily injury, including death. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless Citrus County Board of County Commissioners and its agents, representatives, and employees of and from all claims, demands, actions, causes of actions, suits, damages, losses and expenses, of any and all nature whatsoever which might arise out of my volunteer activities.

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#### EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As a Volunteer, or the Parent/Legal Guardian of the Minor Volunteer, I, (Print Name) \_\_\_\_\_ authorize qualified emergency medical personnel, including a physician and staff, to examine me (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree and understand that I shall be solely responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

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#### PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 18 YEARS OLD)

As Parent/Legal Guardian I, (Print Name) \_\_\_\_\_ hereby grant my permission for the above-named minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release, hold harmless Citrus County BOCC and its agents, representatives, and employees, of and from all claims, demands, actions, causes of action, suits, damages, losses and expenses, of any and all nature which might arise out of the minor volunteers activities.

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## VOLUNTEER/INTERN/COMMUNITY SERVICE APPLICATION

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### Personal Information:

Name: \_\_\_\_\_ Date of Application: \_\_\_\_\_  
(Last) (First) (Middle)

Street Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_ Birth Date: \_\_\_\_\_

Previous Address(es) if less than 5 years at above: \_\_\_\_\_

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

Separate sheet if necessary

Driver License Number/Issuing State: \_\_\_\_\_ \*Must attach copy of driver license

Have you previously volunteered here? ☐ Yes ☐ No Dates (if applicable): \_\_\_\_\_

Where would you like to Volunteer/Intern? \_\_\_\_\_

Have you ever worked for the Citrus County Board of County Commissioners? ☐ Yes ☐ No

Dates (if applicable): \_\_\_\_\_

I can volunteer \_\_\_\_\_ hours per: ☐ Day ☐ Week ☐ Month

Days: ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday

Time of Day: ☐ Morning ☐ Afternoon ☐ Late Afternoon ☐ Anytime

**Comments:** Please explain below what interests or qualifications you have as a volunteer, intern or Community Service worker to include prior volunteer opportunities for this position. Include any relevant skills, experience and/or education.

### References:

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

Telephone: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

### Emergency Contact Information:

Name: \_\_\_\_\_ Telephone: \_\_\_\_\_  
(Last) (First) (Middle)

**Agreement:** in signing this application Citrus County acknowledges your willingness to volunteer your service to assist the County. By signing this form, it is understood that you are not an employee or agent of the County and the County may terminate this volunteer agreement at any time. All County Volunteers, Interns and Community Service workers must be registered with the Department of Human Resources and successfully complete any necessary background and/or reference checks.

I certify that all statements in this application are true and if approved as a volunteer I will abide by the County Regulations.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_



## VOLUNTEER/INTERN/COMMUNITY SERVICE APPLICATION

### Only One of the Following (A, B or C) Applies

☐ **A. You are a volunteer (age 18 or over) who has been properly authorized by a County department director to contribute to a County activity or program by volunteering your services.**

(only applicable if checked)

Workers' Compensation Details for authorized volunteers: While acting within the scope of your County authorized activities as an unpaid volunteer, you may be covered by Workers' Compensation in accordance with Florida Statute, Chapter 440. As an unpaid volunteer, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your County authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the County's Risk Management office. (Risk Management 352-527-5363) If you do not follow these procedures or do not timely report your injury, you may be denied certain Workers' Compensation benefits.

☐ **B. You are a community service worker who has been properly authorized by a County department director to contribute to a County activity or program** (only applicable if checked)

While acting within the scope of your County authorized community service, you may not be covered under the County's Workers' Compensation and are responsible to provide for yourself whatever health or accident insurance coverage or other protections you deem necessary. As a community service worker, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your County authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the Risk Management office 352-527-5363.

☐ **C. You are an unpaid student intern (minimum age 14 and currently in High School) who has been properly authorized by a County department director to receive an educational experience in the County's workplace. Participation as a student intern is at your request, solely to further your own personal education goals.**

(only applicable if checked)

Workers' Compensation Details for unpaid student interns in the County's workplace: While acting within the scope of your County authorized unpaid student internship, you may not be covered under the County's Workers' Compensation and are responsible to provide for yourself whatever health or accident insurance coverage or other protections you deem necessary. As a student intern, you are required to immediately report any injury you experience or any threatened claim you may become aware of as a result of your County authorized activities, regardless of whether medical treatment is needed, to the supervisor in your work area and to the Risk Management office 352-527-5363.

**Citrus County is a drug and alcohol-free workplace. Use of these during volunteer hours will be grounds for your immediate removal as a volunteer.**

**I am the parent or legal guardian of the volunteer or student intern referenced above.** (Check if applicable)

I, (printed name of individual or parent/guardian) \_\_\_\_\_, acknowledge by my signature below that I have read and understand the applicable Workers' Compensation details provided above.

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

### \*To be completed by the Human Resources Department

- |  |   |
|--|---|
| <input type="checkbox"/> Florida Department of Law Enforcement     | <input type="checkbox"/> Level II Background Screen |
| <input type="checkbox"/> National Sex Offenders Registry           | <input type="checkbox"/> Reference Check            |
| <input type="checkbox"/> Level II Background Screen for Supervisor | <input type="checkbox"/> Physical Exam              |
| <input type="checkbox"/> Former Employee File Review               |   |

Risk Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Risk Manager

Human Resource Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Human Resources Director

Approved Start Date: \_\_\_\_\_

**Human Resources will notify the Department/Division of the start date once the results from the background screen have been completed.**