



**Plattsmouth Police Department  
336 Main Street  
Plattsmouth, NE 68048**



## Plattsmouth Animal Shelter Volunteer Application

### Volunteer Information

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Phone: \_\_\_\_\_  
 Date of Birth \_\_\_\_\_

### Emergency Contact

Name: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Phone: \_\_\_\_\_  
 Work Phone: \_\_\_\_\_  
 Relationship: \_\_\_\_\_

### Interests

Check all that apply:

- Walking dogs
- Facility Maintenance
- Other: \_\_\_\_\_

### Availability

Please indicate the days and times when you will be available to volunteer:

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

The Plattsmouth Animal Shelter values your privacy and will not share your confidential information with any outside organization.

**Questions**

Do you have any allergies or physical conditions that might affect your volunteer work?

If so, please describe:

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Why do you want to volunteer with the Plattsmouth Animal Shelter?

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What is experience do you have working with animals?

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Signature of Applicant

Date

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Signature of Parent of Guardian

Date

*Volunteers who are under the age of 18 must have parental approval.*

Please bring or mail the signed Application and Agreement to the Plattsmouth Police Department

Attn: Amy Richter

336 Main Street

Plattsmouth, NE 68048



## VOLUNTEER AGREEMENT

In consideration of this opportunity to volunteer for the City of Plattsmouth Animal Shelter I, \_\_\_\_\_, agree to the following terms and conditions, intending to be legally bonding to them:

1. I will abide by the mission, rules, regulations, policies and programs of the Plattsmouth Animal Shelter while I am a volunteer.
2. My primary customers are the “animals” at the shelter and their well-being and humane treatment are foremost in the performance of all Animal Shelter volunteer activities.
3. I will not engage in any unsafe, illegal, or unethical activities while serving as an Animal Shelter volunteer.
4. As a condition of volunteering, which I acknowledge to be adequate consideration, I also agree to hold Plattsmouth harmless and enter into and additional waiver of liability contemporaneously with this Volunteer agreement.

The above conditions have been reviewed with me and I understand that failing to uphold them is sufficient grounds for the Plattsmouth Animal Shelter and City of Plattsmouth to request and implement my removal as a volunteer. Additionally I understand that a background check will be done and approval by the Chief of Police must be granted in order to volunteer.

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Signature of Applicant

Date

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Signature of Parent of Guardian

Date

*Volunteers who are under the age of 18 must have parental approval.*

## RELEASE FROM RESPONSIBILITY AND WAIVER OF LIABILITY

**Print Name** \_\_\_\_\_

**Address** \_\_\_\_\_

I, \_\_\_\_\_, on my own behalf and on behalf of my heirs, personal representatives, successors and assigns, herein referred to as RELEASOR, in consideration of performing volunteer services for the city of Plattsmouth animal shelter, and in recognition there exists a risk or injury, including physical harm to me, do hereby release and forever discharge the city of Plattsmouth, Nebraska, its elected and appointed officials, employees, agents and their successors, herein referred to as RELEASEE, in interest of and from any claim, demand, action, cause or right of action, suit, attorney fees, costs, expenses, or otherwise, of whatever kind of nature, either in law or equity arising from or by reason of any bodily injury or personal injuries known or unknown, and whether contractual, constitutional, statutory, property or otherwise, death or property damage resulting or to result from my performing volunteer services for the city of Plattsmouth animal shelter.

I further acknowledge that I have no medical restrictions preventing my voluntary services at the city of Plattsmouth animal shelter and that if I become aware through any means of any such medical restrictions that I will immediately discontinue such volunteer services until given medical clearance to resume. I further acknowledge that by performing volunteer services at the city of Plattsmouth animal shelter that I am not covered by nor able to make any claims for coverage under the city of Plattsmouth worker 's compensation or liability insurance policy should I become injured as a direct or indirect result of my voluntary service at the city of Plattsmouth animal shelter. I recognize and fully comprehend the existence of certain risk created by performing volunteer services with animals confined at the city of Plattsmouth animal shelter. Those risks include, but may not be limited to: animal bites, accidents, injuries, or personal property damage.

**RELEASOR INITIALS** \_\_\_\_\_ **and DATE** \_\_\_\_\_

I further agree to indemnify and hold the RELEASEE harmless from and against all claims, damages, losses, and expenses, including reasonable attorney 's fees, that may arise which are attributable to my volunteer services at the city of Plattsmouth animal shelter and which may result from any actions or omissions of the RELEASEE, regardless of whether those actions or omissions be reckless or negligent in nature.

I acknowledge that this release contains the entire agreement between the parties hereto and the terms of this release are contractual and not a mere recital. Releasor further states that s/he has carefully read the foregoing RELEASE FROM RESPONSIBILITY AND WAIVER OF LIABILITY and knows the contents thereof and voluntarily signs this release as his or her own free act.

In witness whereof, RELEASOR has executed this release on the \_\_\_\_\_ **day** of \_\_\_\_\_.

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**RELEASOR signature**

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**Guardian**