



WEBER COUNTY ANIMAL SERVICES
 1373 N. 750 W.
 Ogden, UT 84404
 (801)399-8244

VOLUNTEER INFORMATION & APPLICATION

Date: _____

Name: _____
(Last) (First) (Middle)

Current Address: _____
(Street)

(City) (State) (Zip Code)

Telephone: _____ E-mail: _____

Date of Birth: _____ Social Security #: _____

Driver's License (State & #): _____

If under 18, Parent or legal guardian: _____
(Name) (Telephone #)

Emergency contact information: _____
(Name) (Telephone #)

Present employer or school: _____

Do you have any physical or mental impairment that would interfere with your volunteer work?
 Yes No If yes, please explain _____

Have you ever submitted a claim for a work-related disability? Yes No
 If yes, please explain _____

What special skills or previous experience do you have that may help us here at the animal shelter:

Thank you so much for volunteering your time to help the animals of the Weber County Animal Shelter. Your time will be needed and very much appreciated. Please carefully read the following paragraph and indicate your acceptance below.

I have been provided with, have read, and understand the Weber County Volunteer Guidelines. I hereby release Weber County of all liability that may arrive with my volunteer activities with Weber County.

 (Signature of applicant)

 (Name of minor volunteer)

By signing this release, I acknowledge that I am the legal parent or guardian of the above minor. I hereby give permission for the above minor to volunteer at the Weber County Animal Shelter. I have read the volunteer statement and agreement form and I hereby release Weber County of all liability that may arrive with the above named minor's activities with Weber County.

 (Signature of parent or legal guardian)

 (Witness)



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**Application for Volunteer Background Check
Waiver of Liability Release of Information
Indemnity Agreement**

Name: _____ Date of birth: _____

Other names you may be known by: _____

___ I agree to volunteer in strict compliance with the policies, procedures, and volunteer guidelines of Weber County Animal Services.

___ I understand and agree that I am responsible for maintaining the confidentiality of all appropriate and privileged information.

___ I understand the Weber County Bite ordinances and will report all bites, without exception. I understand that my failure to do so may result in my termination as a volunteer.

___ I understand which animals I am allowed to interact with under new volunteer procedures. I will respect and abide by the staff recommendations and interact with Shelter Animals only as allowed or advised.

___ I will agree to vaccinate my own animals against the following diseases before volunteering:

- Canines are immunized against Canine Distemper, Canine Parvovirus, Parainfluenza, Hepatitis (4 in 1 booster); Bordetella (kennel cough); and Rabies, and are free of parasites.
- Felines are immunized against Feline Panleukopenia, Rhinotracheitis, Calicivirus (3 in 1 booster), Feline Leukemia and Rabies, and are free of parasites.

Indemnity

___ I agree release, discharge, indemnify and hold harmless Weber County Animal Services, including its agents and employees, for any and all personal injuries or damages to property or pets caused by the shelter animal(s).

___ I recognize that in handling shelter animal(s) there exists a risk of injury including physical harm caused by a shelter animal. On behalf of myself, my heirs, personal representatives, and executors, I release, discharge, indemnify and hold harmless Weber County Animal Services, its agents, volunteers and employees from any and all claims, causes of action or demands, or any nature of cause connected with my volunteer agreement.

Authorization for Release of Information

I hereby authorize the Weber County Animal Services to conduct a background investigation and to solicit from applicable agencies any information which concerns my past and present status.

The release of any and all information is authorized whether it is of record or not, and I do hereby release all persons, firms, agencies, companies, or groups from any damages resulting from providing such information.

Signature: _____

Date: _____