



Volunteer Application

Animal Shelter Assistance Program • 5473 Overpass Road, Santa Barbara, CA 93111
805.683.3368 • piper@asapcats.org • www.asapcats.org

*Thank you for your interest in volunteering! All volunteers must be at least 12 years of age.
Volunteers between the ages of 12-18 must have a waiver signed by a parent or legal guardian.
All volunteers under the age of 16 must be accompanied at all times by a parent/adult partner volunteer.*

*For more information and/or to join ASAP's volunteer team please contact volunteer coordinator
Piper Presley at (805) 699-6853 or piper@asapcats.org*

Name _____ Date _____

Mailing address _____

City _____ Zip _____ Home phone _____

Work or cell phone _____ Email address _____

Education (*circle the last year completed*) High school 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Are you 18 years or older? Yes No Please provide your birthday (if under 18 provide year) _____

Are you presently employed? Yes No

Employer's name and address _____

Do you have medical insurance? Yes No

Date of last tetanus shot (*current tetanus shot is required*) _____

Please list any allergies _____

Please explain any restrictions or disabilities that may affect your ability to volunteer? _____

Have you been convicted of a felony within the past 7 years? Yes No (You should not include any marijuana-related convictions that are more than 2 years old, any convictions that have been sealed, expunged or statutorily eradicated.)

If yes, state the nature of the offense(s), when and where convicted, and the disposition of the case: _____

(Note: No application will be denied solely on the grounds of a conviction. The nature of the offense and other relevant factors will be considered.)

Please list two references who are not relatives

Name _____ Phone _____

Name _____ Phone _____

Please list a person to call in case of an emergency

Name _____ Relationship to you _____

Home phone _____ Work or cell phone _____

I give my permission to Santa Barbara County to verify any of the information given.

Signature _____ Date _____

Santa Barbara County Animal Services & Animal Shelter Assistance Program

VOLUNTEER AGREEMENT AND LIABILITY WAIVER

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

1. I agree to release, discharge, indemnify, and hold Santa Barbara County harmless from any and all claims for damages to my person or property while performing volunteer services for Santa Barbara County Animal Services.
2. I recognize that in performing my volunteer services for Santa Barbara County Animal Services there exists a risk of injury, including but not limited to, personal physical harm and injury or destruction to personal property which includes but is not limited to animal bites, slip and fall accidents, and other types of injuries, and personal property damage. I waive all rights and claims for damages I may have against Santa Barbara County Animal Services, its employees, officers, volunteers, agents, representatives, successors and assigns, and will hold them harmless for any and all injuries arising directly or indirectly from the handling of any animal from Santa Barbara County Animal Services.
3. I authorize Santa Barbara County Animal Services staff to seek appropriate emergency medical treatment in case of an accident, injury, or illness.
4. I agree to abide by the policies and procedures presented to me at the volunteer orientation and training meetings. I understand that failure to do so may eliminate my eligibility to volunteer under this program.
5. I will take ideas, constructive comments, suggestions and criticisms directly to the Volunteer Coordinator and agree to be supervised by the Animal Services Department.
6. I understand that Santa Barbara County Animal Services' records are to be kept strictly confidential and will not be revealed to anyone.

In signing this form, I acknowledge I have read, fully understand, and agree to the aforementioned items. I agree to act within the Volunteer Program Policies and Procedures.

Signature: _____ Date: _____

Print Name: _____

For volunteers under 18, parent or guardian signature required:

Parent/Gaurdian Signature: _____ Date: _____

Print Name: _____