Metro Animal Services

Volunteer Application Form

1200 39th Ave SE, Puyallup, WA 98374

253-299-PETS (7387)

ADMIN ONLY/APP INFO
Screening G R
Approved Initials_____
Date_____
Denied ( ) see end of form

Name (Last, First, Middle):		Date of Birth:
Address:		
City:	State:	Zip:
Employer:		
Employer address:		
Employer City:	State:	Zip:
Home Phone: ( )	Work Phone: ( )	
Cell Phone: ( )	Email Address:	
Driver's License #:	State:	
In the event of an emergency, please contact:		
Name:	Phone number: ( )	
Address:	Relationship:	

Why do you want to volunteer with Metro Animal Services? Check box and explain – attach additional pages if necessary.

☐ High School Volunteer Service hours (include # of hours needed):_____

☐ I have free time and want to help:_____

☐ I want to gain experience in the Animal Care/Control field:_____

COURT ORDERED COMMUNITY SERVICE IS NOT ALLOWED

Time and Days available (check all shifts that apply)

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
☐ 9-2	☐ 9-2	☐ 9-2	☐ 9-2	☐ 9-2	☐ 9-2
☐ 12-3	☐ 12-3	☐ 12-3	☐ 12-3	☐ 12-3	☐ 12-3
☐ 2-5	☐ 2-5	☐ 2-5	☐ 2-5	☐ 2-5	☐ 2-5
☐ 3-5	☐ 3-5	☐ 3-5	☐ 3-5	☐ 3-5	☐ 3-5
☐ Other	☐ Other	☐ Other	☐ Other	☐ Other	☐ Other
_____	_____	_____	_____	_____	_____

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Please list any animal handling or volunteer experience:

_____

_____

Essential functions of a MAS volunteer include but are not limited to:
Assisting customers at the front counter, assisting customers by showing them adoptable animals, answering customer questions, assisting with housekeeping, feeding, watering and socializing animals, answering phones, and assist with documentation of shelter activities.

Are you able to perform the essential functions of the position with or without reasonable accommodations? ( ) No ( ) Yes

Have you ever abused alcohol or drugs? ( ) No ( ) Yes, please explain:

Within the past 10 years, have you been convicted of or plead guilty to a criminal offense or been released from prison? *(An affirmative answer will not automatically disqualify your from being considered for a volunteer position)* ( ) No ( ) Yes, please explain:

All potential volunteers are subject to a criminal background check

I hereby release the City of Sumner and the Sumner Police Department from any liability for access to my criminal history and motor vehicle records, including, but not limited to arrests, warrants, convictions, and disposition of charges. I understand that these matters are confidential, and I give my full release of agreement to the City of Sumner to use local, state, and national criminal justice database information to determine my eligibility for membership in the Sumner Police Department civilian volunteer program. I understand failure to answer truthfully any question on this application will result in disqualification from the volunteer program.

Signature: _____ Date: _____

Volunteer openings are filled from our applicant pool based on eligibility and scheduling. You will be notified by phone when there is an opening available. Denials of applicants do no require an explanation on our behalf.

ADMIN USE ONLY:

Application Received:	Background Check Completed:	By:
Start Date:		( ) LinX/LESA
End Date:	Approved: ( ) Yes ( ) No	( ) WACIC/DOL
Database Updated:	Notes:	( ) CHRI

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METRO ANIMAL SERVICES
AGREEMENT FOR INDIVIDUAL VOLUNTEER SERVICES

This Agreement is made, by and between the City of Sumner, a political subdivision of the State of Washington hereinafter referred to as the "City" and _____ hereinafter referred to as the "Volunteer."
(print name)

PURPOSE: The purpose of this Agreement is to outline the responsibilities of the City in providing volunteer opportunities, and to create an understanding between the City and the Volunteer.

This Agreement shall apply to persons voluntarily performing non-compensated services for the City, including but not limited to, practical work experience, recreational programs, senior programs, police resource centers, and academic internships.

AGREEMENT FOR NON-COMPENSATED SERVICES: The Volunteer agrees to abide by all relevant City policies and procedures and to perform the volunteer services in a safe, responsible manner in accordance with the descriptions of service.

It is further understood that this Agreement shall not in any way constitute nor create an employer/employee relationship between the City and the Volunteer. The City shall not be responsible for, nor liable for, nor shall the applicant be eligible to receive, any compensation or benefits as a result of this Agreement **EXCEPT** for State Labor and Industries Industrial Insurance medical aid coverage.

In consideration of the City giving me permission to perform these volunteer services, I understand that: ***(Please initial the following)***

_____ I am not to appear for volunteer service under the influence of any illegal drugs or alcohol. The Volunteer agrees to inform the supervisor at the beginning of the shift if taking any over-the-counter or prescription medications which may impair the ability to perform volunteer duties.

_____ I am not to bring any child(ren) nor any other person with me during my volunteer activities.

_____ I will abide by all City policies regarding personal conduct while performing volunteer services.

_____ I agree not to go beyond the scope of volunteer work agreed to without authorization.

_____ I am to be trained on any activity that I am unfamiliar with, learn the corresponding policies, and it is my responsibility to understand them completely or ask questions until I feel confident to perform them.

_____ Depending on the scope of volunteer work, the following policies may apply: Driving, Safety Procedures, Computer Operation, Dress Code, Anti Harassment, Confidentiality

_____ Should an injury occur during the scope of my service the City has included my hours of volunteer service in the State Labor and Industries coverage for volunteer workers.

_____ I understand that I am to report any on-the-job injury or illness, no matter how minor, to the staff member present at the shelter.

_____ I will not bring any personal pets to the Shelter while involved in volunteer duties.

BACKGROUND CHECKS: I consent to the City performing a background check into my history in accordance with RCW 43.43.830–839 and waive any right of privacy I may have in such information for the limited purpose of the City considering it for determining my suitability as a volunteer. (To be used for volunteers who will have unsupervised access to children developmentally disabled persons, or vulnerable adults or who will be working with confidential information.)

TERMINATION: I understand that I or the City may terminate this agreement at any time without cause, and that I am volunteering my services at will and may be asked to discontinue such without prior notice or reason.

WAIVER & HOLD HARMLESS: I am fully aware that the work associated with being a City Volunteer involves certain risks of physical injury or death. Being fully informed as to these risks and in consideration of my being allowed to participate in the City's Volunteer Program, I hereby assume all risk of injury, damage and harm to myself arising from such activities or use of City facilities. I also hereby individually and on behalf of my heirs, executors and assignees, release and hold harmless the City, its officials, employees and agents and waive any right of recovery that I might have to bring a claim or a lawsuit against them for any personal injury, death or other consequences occurring to me arising out of my volunteer activities.

LIABILITY COVERAGE: I understand that the City is self insured through the Washington Cities Insurance Authority (WCIA) for liability coverage. Volunteers performing within the scope of their assigned duties as authorized by the City are afforded the same coverage as City employees under the City's liability coverage with WCIA. I am fully aware that a volunteer's intentional misconduct is not protected or covered by the City or WCIA.

This agreement will be in effect for the duration of my volunteer services beginning this date.
Dated this _____ day of _____, 20 _____.

By: _____
City of Sumner

_____
Volunteer's Signature

_____
Parent or Guardian signature if under 18

_____
Address

_____
City/State/Postal Code

_____
Phone