



Volunteer

Application

Citrus County Animal Services
4030 S. Airport Rd.
Inverness, FL. 34450

Office: (352)746-8400
Fax: (352)726-4120

Name: _____

Address: _____ (Last) _____ (First) _____ (Middle)
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: _____

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.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date

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.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date

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.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date

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.

_____ Signature of Volunteer	_____ Date
_____ Signature of parent or guardian (if under age 18)	_____ Date



VOLUNTEER/INTERN/COMMUNITY SERVICE APPLICATION

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's License Number/Issuing State: _____

Have you previously volunteered here? Yes No Dates (if applicable): _____

Where would you like to Volunteer/Intern? CCAS

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)

* (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

- Florida Department of Law Enforcement
- National Sex Offenders Registry
- Level II Background Screen for Supervisor
- Former Employee File Review
- Level II Background Screen
- Reference Check
- Physical Exam

Risk Approval: _____ Risk Manager Date: _____

Human Resource Approval: _____ Human Resources Director Date: _____

Approved Start Date: _____
Human Resources will notify the Department/Division of the start date once the results from the background screen have been completed.