Austin Animal Center
Volunteer Application

Contact Information Last Name _____ **First Name** _____

Local Address _____ Apt # _____ City _____ Zip_____

Email _____ Phone _____

Current Occupation_____Employer_____

Date of Birth _____ Age _____ (Circle) Male / Female

If 13/14 yrs old, an adult must also enroll as a volunteer. If 15/16 yrs old, an adult must attend orientation with you.

Emergency Contact Name _____ Phone # _____

Relationship to Volunteer_____

Do you have other friends or family volunteering with Austin Animal Services? ____ **YES** ____ **NO**

If yes, please provide their name(s) _____

Do you have other friends or family applying to volunteer with Austin Animal Services? ____ **YES** ____ **NO**

If yes, please provide their name(s) _____

Do you volunteer with, or are you involved with, other animal welfare groups? ____ **YES** ____ **NO**

If you answered yes, please provide the name(s) of the other group(s) _____

Have you done business with AAC before (adopted a pet, brought in a stray, registered a pet, made a donation?)
____ **YES** ____ **NO**   **If yes, how long ago**? _____

What do you think will be the best thing about volunteering at AAC? _____

What do you think will be the hardest/worst thing about volunteering? _____

Why are you interested in volunteering at AAC? _____

Do you have prior volunteer experience? ____ **YES** ____ **NO**

If you answered yes, where and for how long did you volunteer? _____

What did you enjoy about that experience? _____

What did you enjoy the least about that experience? _____

Is there anything else you would like to share with Austin Animal Services? _____

Are you a Spanish speaker? _____No _____ Speak a little _____Fluent

P_____

Volunteer Release and Confidentiality Statement

Waiver:

I, _____, hereby agree to accept a position as a volunteer worker for the Austin/Travis County Animal Services (A/TCAS), and in so doing I agree to comply with all the rules and regulations established by A/TCAS, and I understand that failure to do so may result in my immediate termination as a volunteer. As a volunteer, I agree to do my best to represent the A/TCAS to the public in an accurate and professional manner.

I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of the A/TCAS, all services to be performed at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury including physical harm caused by the animals. On behalf of myself, my heirs, personal representatives and executors, I hereby agree to indemnify and hold harmless the City of Austin and Travis County from any and all claims or causes of action that may arise out of performance of my assigned duties. I waive any right of action I have against the aforementioned entities in consideration as a volunteer for the Austin/Travis County Animal Services Volunteer Program.

Confidentiality Statement:
I realize that in my capacity as a volunteer with the City of Austin/Travis County, I may come in contact with confidential information. I do hereby agree to protect this information to the best of my abilities as a volunteer and to not divulge it during or after my service as a volunteer.

AAC Authorization of Release of Personal Email Address

In most cases, a provision in the Texas Public Information Act makes the email addresses belonging to members of the public confidential when such email addresses are provided to and maintained by a governmental body such as the City of Austin.

However, this provision allows the City to release a citizen's personal email addresses if the member of the public affirmatively consents to its release.

As a volunteer for AAC, we would like to be able to share your contact email address with other volunteers for the purposes of improved communication.

Please check appropriate box:

☐ I hereby consent to the public release of my personal email address

☐ I hereby **DO NOT** consent to release of my personal email address

Volunteer/Guardian:
Signature_____ Date of Birth_______________

If under the age of 17: Youth Signature_____ Date of Birth_______________

Date Submitting Paperwork _______________