

# Animal Care & Control Team of Philadelphia

## ANIMAL CARE AND CONTROL TEAM OF PHILADELPHIA VOLUNTEER APPLICATION & AGREEMENT FORM

Please PRINT clearly

### PERSONAL INFORMATION

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Full Name (Last name, First name): \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Have you ever been convicted of a crime, other than a minor traffic offense? [ ] Yes [ ] No

If yes, please explain the nature and date of the crime: \_\_\_\_\_

*(ACCT Philly reserves the right to conduct child abuse history clearances and/or criminal background checks)*

How did you hear about ACCT's volunteer program? \_\_\_\_\_

Are you volunteering for a school-required community service project or another program? [ ] Yes [ ] No

If yes, please specify the school/program and hours required: \_\_\_\_\_

Please list any physical limitations or allergies that may restrict your activities or require accommodation (ex: allergies, injuries, etc.): \_\_\_\_\_

### ASSIGNMENT PREFERENCES

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The following volunteer assignments may currently be available. Rank your top three choices by labeling 1, 2, 3.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Adoption Counselor Assistant  | <input type="checkbox"/> Foster Care                 | <input type="checkbox"/> Clinic Assistant (requires vet tech experience) |
| <input type="checkbox"/> Adoption Event Assistant      | <input type="checkbox"/> Kitchen Assistant           | <input type="checkbox"/> Photographer/Petfinder Team                     |
| <input type="checkbox"/> Behavior / Training Assistant | <input type="checkbox"/> Office Assistant            | <input type="checkbox"/> Animal Transport for Adoption Events            |
| <input type="checkbox"/> Cat Companion                 | <input type="checkbox"/> Special Events Assistant    |  |
| <input type="checkbox"/> Dog Companion/Dog Walking     | <input type="checkbox"/> PetSmart Adoption Counselor |  |

### SPECIAL SKILLS

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Please place a check mark next to any special skills you have

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Administrative/Office Work | <input type="checkbox"/> Fundraising                | <input type="checkbox"/> Writing/Journalism                               |
| <input type="checkbox"/> Behavior Training          | <input type="checkbox"/> Grooming                   | <input type="checkbox"/> Fluent in Other Languages<br>(please list _____) |
| <input type="checkbox"/> Digital Photography        | <input type="checkbox"/> Handyman Skills            |   |
| <input type="checkbox"/> Education/Teaching         | <input type="checkbox"/> Marketing/Public Relations |   |
| <input type="checkbox"/> Event Planning             | <input type="checkbox"/> Veterinary Experience      |   |

**EMERGENCY CONTACT INFORMATION**

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Contact's Full Name (Last, First): \_\_\_\_\_

Relationship to You: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EXPERIENCE**

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Please list any experience you have working with animals: \_\_\_\_\_

\_\_\_\_\_

Please list any experience you have volunteering with other organizations: \_\_\_\_\_

\_\_\_\_\_

Please list any other relevant skills, work experience or life experience you feel could benefit ACCT:

\_\_\_\_\_

\_\_\_\_\_

Do you have any pets at home? If so, please list types of pets: \_\_\_\_\_

If you have pets at home, are they spayed/neutered? Why or why not? \_\_\_\_\_

I confirm that the information I have provided on this form is true and accurate. I understand that I am applying for a position as an unpaid volunteer at Animal Care and Control Team of Philadelphia and that submission of this application does not guarantee placement in the volunteer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name (please print): \_\_\_\_\_

If under 18 years of age, signature of parent or guardian: \_\_\_\_\_

Volunteer's Driver's License #: _____
State: _____ Expiration Date: _____



**Thank you** for your interest in volunteering! We greatly appreciate your assistance and commitment to improving the lives of Philadelphia’s sheltered animals. This is a form whereby you agree to release the Animal Care and Control Team (ACCT Philly) of all liability while working or serving as a volunteer, including as a foster parent, for ACCT Philly.

This **Release and Waiver of Liability** (the “Release”) is executed on \_\_\_\_\_ (day) of \_\_\_\_\_ (month), \_\_\_\_ (year), by \_\_\_\_\_  
(print your name as the “Volunteer”) in favor of the Animal Care and Control Team, a Pennsylvania nonprofit corporation, their directors, officers, employees, and agents (collectively, “ACCT Philly”).

The Volunteer desires to work as a volunteer for ACCT Philly and engage in activities related to being a volunteer (the “Activities”). The volunteer understands that the Activities may include working with and around animals of known and unknown origin, behavior and health status, working in ACCT Philly facility, grounds and other areas, participating in special events and fundraisers both on and off-site, and providing in-home foster care.

The Volunteer hereby freely, voluntarily, and without duress executes this Release under the following terms:

**Release and Waiver:** Volunteer does hereby indemnify, release and forever discharge and hold harmless ACCT Philly and its successors and assigns from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, which arise or may hereafter arise from Volunteer’s Activities with ACCT Philly.

Volunteer understands that this Release discharges ACCT Philly from any liability or claim that the Volunteer may have against ACCT Philly with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Volunteer’s Activities with ACCT Philly, whether or not caused by the negligence of ACCT Philly or its officers, directors, employees, or agents or otherwise. Volunteer also understands that ACCT Philly does not assume any responsibility for, or obligation to, provide any financial assistance, or other assistance including but not limited to medical, health, disability insurance in the event of injury or illness or property damage.

**Medical Treatment:** The Volunteer does hereby release and forever discharge ACCT Philly from any claim whatsoever which arises or may hereafter arise on account of any first aid, treatment or service rendered in connection with the Volunteer’s Activities with ACCT Philly.

**Assumption of Risk:** The Volunteer understands that the activities include work that may be hazardous to the Volunteer, including but not limited to working with animals of known and unknown behavior and health status, working in animal housing areas with wet surfaces and animal waste present, providing transportation, and lifting.

Volunteer hereby expressly and specifically assumes the risk of injury or harm in the Activities and releases ACCT Philly from all liability for injury, illness, death, or property damage resulting from the Activities.

**Insurance:** The Volunteer understands that ACCT Philly does not carry or maintain health, medical, or disability insurance for any volunteer.



Volunteer Accident Insurance is provided and is a medical insurance policy which covers accidents involving volunteers at the facility or at off-site events. Volunteer Accident Insurance pays after the Volunteer's insurance pays up to the limits of coverage.

**Each Volunteer is expected and encouraged to obtain his or her own medical or health insurance coverage.**

**Safety Rules:** Volunteer may have access to confidential information, including information about ACCT Philly clients, volunteers, partners or donors. At all times Volunteer agrees not to disclose or use any such confidential information.

**Publicity Authorization:** Volunteer consents to the unrestricted use, by ACCT Philly or any person authorized by ACCT Philly, in any medium, of any photographs, recordings, interviews, video, film, or similar visual or auditory recordings created in connection with Volunteer's participation in ACCT Philly Activities.

**Other:** Volunteer expressly agrees that this Release is intended to be as broad and inclusive as permitted by the laws of the Commonwealth of Pennsylvania and that this Release shall be governed by and interpreted in accordance with the laws of the Commonwealth of Pennsylvania. Volunteer agrees that in the event that any clause or provision of this Release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

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**IN WITNESS WHEREOF, Volunteer has executed this Release as of the day and year written above**

**Volunteer Name:  
(Please Print)**

**Volunteer Signature:**

**Volunteer Address:**

**Volunteer Phone  
Number:**

**Parent Signature:  
(if 18 or under)**