

BAYOU ANIMAL SERVICES VOLUNTEER APPLICATION

Date: _____

Name: _____

Birth Date (include year of birth only if you're under the age of 18): ____/____/____

Address: _____

City/State/Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Current Occupation: _____

Reference: (Name _____ Phone: _____)

Other Volunteer Experience (Name of Organization(s) and Dates Worked): _____

Pets Owned and/or Animal Related Experience: _____

Other related special skills, knowledge, abilities, interests: _____

I can commit to volunteer: Hours: _____
 Once a week
 Once a month
 Schedule permitting

I am interested in the following volunteer opportunities (check all that apply):

- | | | |
|--|--|--|
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Foster Care | <input type="checkbox"/> Other (describe): _____ |
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Computer/Clerical | _____ |
| <input type="checkbox"/> Grant Writing | <input type="checkbox"/> Special Events | |

How did you hear about our volunteer program? _____

If volunteering through referral from another agency, (i.e. school, court, etc.) please indicate the agency, contact person, and number of hours you are required to volunteer:

Submit Application to, Bayou Animal Services, 3120 Deats RD., Dickinson, TX, 77539

WAIVER OF LIABILITY AND INDEMNIFICATION

1. **Release and Waiver.** Participant does hereby release and forever discharge the City of Dickinson, Texas (hereinafter called the “City”), its officers and employee, from any and all liability, claims, and demands of whatever kind of nature, either in law or in equity, which may now or hereafter arise from the Participant’s activities at the City’s animal shelter facility and/or other City facility. Participant understands that this Waiver and Release discharges the City from any liability or claim that the Participant may have against the City with respect to any bodily injury, personal injury, illness, death or property damage that may result from the Participant’s activities on the City’s property, whether caused by the negligence of the City, its officers, employees, agents or otherwise. Participant further understands that the City does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to medical, health or disability in the event of injury or illness.

2. **Indemnification.** The Participant agrees to defend, indemnify and hold harmless the City and its officers, agents and employees from any and all claims and liabilities for injury to or death of any person or for damages to property arising out of the Participant’s activities on the City’s property.

3. **Assumption of Risk.** The Participant understands that the activities on the City’s property may include work that may be hazardous to the Participants and other Invitees/Customers. Participant expressly and specifically assumes the risk of injury or harm in the activities and releases the City, its officers and employees, from all liability for injury, illness, death, or property damage resulting from the activities.

4. **Insurance.** The Participant understands that the City does not carry or maintain health, medical, or disability coverage for any Participants or other Invitees/Customers. Instead, the Participants and Invitees/Customers are expected to obtain their own medical and health coverage.

5. **Other.** The Participant expressly agrees that this Waiver of Liability and Indemnification is intended to be as broad and inclusive as permitted the laws of the State of Texas, and that it shall be governed by and interpreted in accordance with the laws of the State of Texas. Participant agrees that in the event that any clause or provision of this Waiver of Liability and Indemnification is found to be ineffective, all other clause and provisions shall remain effective and shall continue to be enforceable.

By my signature I certify that I have read this Waiver of Liability and Indemnification. I further certify that I am fully informed as to its contents and legal implications.

Signature of Participant: _____ Date: _____

If Participant is a minor, signature of Parent/Guardian is required. _____

Printed Name of Parent/Guardian: _____ *Date:* _____

Printed Name of Participant: _____ Event Title: _____