



CEDAR RAPIDS
Animal Care & Control

CEDAR RAPIDS ANIMAL CARE AND CONTROL VOLUNTEER APPLICATION

Name: _____ E mail Address: _____

Address: _____ City/State/Zip _____

Home Phone: _____ Work / Cell Phone: _____ Age: _____ Birthdate: ___/___/___

STUDENTS ONLY – please complete the questions in this box.

Name of School: _____ Grade: _____

Are you volunteering as a requirement for your school? _____ How many hours do you need to complete? _____

Do you plan to continue after your project is completed? _____

Occupation: _____ Employer: _____ May we contact you at work? _____

Emergency Contact Person: _____ Emergency Phone: _____

Do you have any medical restrictions we should be aware of? (allergies, asthma, lifting, medications, etc.) _____

Are you a licensed and insured driver? YES or NO Please provide your license number: _____

Must be 18 years old or older for transporting animals.

Would you be willing to transport animals in your privately-owned vehicle? YES or NO

How did you hear about volunteering at the Cedar Rapids Animal Control?

Have you adopted a pet from us? YES or NO / Dog or Cat or Other _____

Approx Date of Adoption: _____



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What related animal/volunteer experience, if any, do you have?

Why do you wish to become a volunteer here?

Please read the following paragraphs carefully before signing.

I hereby authorize the Cedar Rapids Animal Care and Control, hereafter known as CRAC, to seek Emergency Medical Treatment in case of accident, injury or illness. I acknowledge my understanding that the handling of animals and other volunteer activities may place me in a hazardous situation and could result in injury and I assume that risk. I agree to hold harmless the CRAC, all employees, all volunteers and the City of Cedar Rapids from any liability whatsoever arising from my participation in the CRAC Volunteer Program. In consideration of being allowed to participate in the CRAC Volunteer Program, I hereby release the CRAC, all employees, all volunteers and City of Cedar Rapids from all liability for injuries I might receive in my volunteer activities on behalf of the CRAC.

I understand that I must attend a Volunteer orientation meeting and sign a Volunteer Application form before I will be allowed to volunteer for the CRAC.

Understanding that public relations are an important part of a volunteer's activities on behalf of the CRAC, I hereby authorize the CRAC to use any photographs of me in its possession for public relations.

I understand that as a volunteer I may have access to privileged or confidential information and my disclosing this information to the general public or other entities will be cause for me to be dismissed from the CRAC Volunteer Program.

I understand that volunteers must be 14 years of age or older and volunteers under the age of 18 will work under adult supervision at all times.

I certify that all information given by me is accurate and true.

It is with my signature that I acknowledge I have read and understood this form and agree to work under all the rules and regulations as set forth in the CRAC Volunteer Program.

Volunteer Signature: _____ Date: _____

Parent Signature: _____ Date: _____

(Required for volunteers under 18 years of age)