



815 Ramm Rd. Claremore Ok 74017
*Phone (918)341-1260 *Fax (918)341-5528

VOLUNTEER AGREEMENT & RELEASE OF LIABILITY

I seek the opportunity to become a volunteer for the City of Claremore, Oklahoma. I understand that I will not be paid for my time or services, I am not officially an employee of the City of Claremore, and I may not represent myself as anything other than a volunteer.

I understand that in the course of my work I may obtain or be presented with confidential information, particularly during any work within the Claremore Police Department or with Animal Control. I agree to keep confidential any and all knowledge I may have regarding any cases, prisoners, victims, or any other information of any kind. I understand that violation of this agreement could jeopardize an investigation as well as the safety of myself and/or others. I will not discuss any aspect of the department's work with anyone other than department personnel.

I understand that only official representatives of the City of Claremore are authorized to make statements to the media, and I agree not to make any statements to the media concerning information I have obtained during or as a result of my volunteer work.

In consideration of this opportunity, I acknowledge, understand, and accept all risks which I may be exposed to during the course of my volunteer work, and I agree on behalf of myself, my family, and my heirs, to waive any and all claims, causes of action, and/or damages of any kind or nature, including but not limited to any unforeseen personal injury, including death, animal attack, or other losses or damages, against the City of Claremore, Oklahoma, its employee, agents, or Officers, which may arise out of or in connection with any aspect of my volunteer work for the City of Claremore, Oklahoma, or the Claremore Animal Control unity. The City of Claremore does not provide workmen's comp.

**CLAREMORE POLICE DEPARTMENT
VOLUNTEERS IN ANIMAL CONTROL
APPLICATION**

Name: _____ Age: _____ D.O.B. _____

Address: _____ City: _____ State: _____

Zip Code: _____

Previous Addresses for last 5 years: _____

Social Security Number: ____ - ____ - ____ Home Phone: (____) ____ - ____

Employer: _____

Business Address: _____

Business Phone: _____ Job Title: _____

Special Skills: _____

Have you ever received disciplinary action from an employer? _____

If yes please explain: _____

Previous Employer: _____

Job Title: _____

Address: _____

Phone: _____

Have you ever worked for the City of Claremore? YES / NO

If yes, when? _____ What department? _____

Do any relatives work for the City of Claremore? YES / NO

If yes: Name, Relation, and Department: _____

Number of school years completed in:

High School: _____ College: _____ Graduate: _____ Military Service: _____

Branch: _____ Rank: _____ Time Served: _____ Discharge: _____

Emergency Contact: Name _____ Relationship: _____

Address: _____ Phone: _____

Have you ever applied for a position in Animal Control prior to filling out this application? If yes, explain: _____

Have you ever been arrested or convicted of a crime? If yes, explain: _____

Do you have your own transportation? YES / NO

Is it insured? YES / NO

Previous volunteer service: _____

What duties would interest you most? _____

What days and hours are you available? _____

What are your hobbies and interests? _____

Membership in Community or School Organizations: _____

List three references (not related to you) Include Name, Address, and Phone Number:

1) _____

2) _____

3) _____

I understand and agree that any false statement, either verbal or written, may cause the applicant's name to be removed from the eligibility list or be cause for immediately dismissal as a volunteer with the City of Claremore if an appointment is/was made.

I hereby authorize the Claremore Police Department to make a thorough investigation of my entire work, personal, and financial history and verify all data given in my application, related papers, and/or oral interviews. I authorize such investigation and the given and receiving of any information requested by the Claremore Police Department and I release from liability and person giving or receiving such information. I understand that falsification of data so given or other derogatory information discovered as a result of this investigation may prevent my appointment or, if appointed, may subject me to immediate dismissal.

Signature: _____ Date: _____

Witness: _____ Date: _____

Claremore Animal Control Volunteer Shelter Rules
(PLEASE INITIAL AFTER YOU HAVE READ THE FOLLOWING)

Feeding of the animals is on a schedule; do not feed the animals without permission of a Shelter Employee. Treats are okay but should be cleared by an Animal Shelter Employee. _____

Information cards need to stay with the animals. If you move an animal make sure you move the info card with the animal. _____

If a card says “do not walk or may bite” that’s what it means! If you are caught handling an animal that we deem unsafe you will be asked to leave immediately and your volunteer status will be revoked. _____

We do not accept animals from outside our jurisdiction. If someone contacts you please refer that person to the proper jurisdiction. Do not tell them to bring the animal to our shelter. If you do not know who the proper agency is have them contact us during normal business hours. _____

Clean up after the animals when walking them, do not leave feces in the parking lot. _____

Clean up after yourself, if you make a mess clean it up! No one is here to clean up after you. This not only helps to keep the shelter clean, but there are numerous safety issues that go along with it. _____

Only shelter employees will approve animals for any function. (NO EXCEPTIONS) _____

All volunteers will be required to work 2 hours per month. If that is not met you will be taken off the list and not allowed to volunteer without the approval of the Animal Control Supervisor. _____

All volunteers must report any incidents to the Supervisor. Any information about an animal is helpful, but please do not conceal info if an animal tried to bite or shows aggressive tendencies. _____

Volunteers must wear appropriate clothing while working at the shelter. No sandals, no open toed shoes, no bare feet. _____

Volunteers are responsible for their personal property. _____

When walking a dog, the dog must be kept on a leash and under control. If you do not think you can control a dog or if you do not feel comfortable with a certain dog then, “do not walk it.” _____

Volunteers may assist the public at the shelter and advise them of any known information about the animal; however you are not allowed to make deals. A shelter employee will complete the adoption process. _____

If you believe an animal at the shelter needs medical treatment you will need to advise a shelter employee. Under **NO CIRCUMSTANCES** will you be allowed to take the animal to a Veterinarian without prior approval from the Supervisor. _____

Volunteers can dip the animals for ticks and fleas, or bathe the animal prior to adoption. If you do make sure to mark the cage card with bath or dip. _____

Volunteers will not interfere with decisions that are made pertaining to animals at the shelter. If any attempt to interfere is made the volunteer will be asked to leave the shelter immediately and your volunteer status will be revoked. _____

The Claremore Animal Shelter and its contents including the animals are property of the City of Claremore. This property will be treated as such and not abused, any abuse of animals or property will mean immediate dismissal as a volunteer. _____

Due to liability, absolutely **NO ONE UNDER THE AGE OF 17** will be allowed to volunteer. _____

All volunteers will be required to wear their nametags while volunteering at the shelter. _____

These guidelines are for the safety of the volunteer, the citizens that visit the shelter as well as the shelter employees and the animals held here. Any violations of the above listed guidelines will mean dismissal as a volunteer.

By signing below means I understand and will abide by the above listed regulations.

Name: _____ Date: _____

Witness: _____ Date: _____

Please Print Legibly:

Name: _____ Phone: _____

Address: _____ City: _____ State: _____