

**Volunteer Application Form**

**Jefferson County, Missouri**

Please Print. Equal access to programs and services is available to all persons. Those applicants requiring reasonable accommodation to the application and/or interview process should notify a representative of the Human Resources Department.

County Volunteer Position Applied for: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_  
LAST FIRST MIDDLE

Home Address: \_\_\_\_\_  
STREET/P.O.Box CITY STATE ZIP CODE

Mailing Address: \_\_\_\_\_  
(If different than Home Address) PO BOX / STREET CITY STATE ZIP CODE

Email: \_\_\_\_\_

Please check preferred contact number:

Telephone: ( ) \_\_\_\_\_  Business Phone: ( ) \_\_\_\_\_

Cell: ( ) \_\_\_\_\_  Other: ( ) \_\_\_\_\_

Are you 18 years of age or older? \_\_\_\_\_ yes \_\_\_\_\_ no

Have you ever been convicted of a crime? \_\_\_\_\_ yes \_\_\_\_\_ no (If yes, please explain)

(Conviction will not necessarily be a bar to employment. Each instance and explanation will be considered in relation to the position for which you are applying.)

Education Level: Circle the highest level completed  
Grade 1 2 3 4 5 6 7 8 9 10 11 12 GED College: 1 2 3 4 Graduate: 1 2 3 4

Please give names and dates of animal control/welfare related training/certifications attended/received:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list at least two references by name and contact number:

\_\_\_\_\_

Describe any animal control/welfare volunteer work you have performed: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Have you read the Volunteer Program Overview information? Yes or No

Volunteers are scheduled along-side with Animal Control Center employees. Please circle the days and hours that most closely matches your hours of availability.

<b>Monday</b> 8 a. - 12 noon 12:30 p. - 4 p.	<b>Tuesday</b> 8 a. - 12 noon 12:30 p. - 4 p.	<b>Wednesday</b> 8 a. - 12 noon 12:30 p. - 4 p.	<b>Thursday</b> 8 a. - 12 noon 12:30 p. - 4 p.	<b>Friday</b> 8 a. - 12 noon 12:30 p. - 4 p.	<b>Saturday</b> 9 a. - 1 p. 1 p. - 4 p.	<b>Sunday</b> 9a.- 1 p. 1 p. - 4 p.
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**Adoption/Special Events** (as scheduled)      **Flexible Schedule** (depending of my work schedule and shelter need)

From the Jefferson County Animal Control Center Volunteer Program list of positions, which form or forms of volunteer service are you interested in providing? Please circle:

**Animal Care** (feeding, watering, kennel cleaning, exercising, grooming, socialization)      **Disaster Response Team member**

**Special Projects/Facilities Maintenance Worker** (mowing, weed-eating, remodeling work, snow removal)

**Volunteer Coordinator** (recruits/trains/schedules volunteers)      **Adoption Coordinator** (promotes adoptions and coordinates rescues)

**Vet/ Vet Tech/ Vet Assistant Internship**      **Public Educator** (Speaks to community groups, schools, kids groups)

While the Animal Control Center is a low-kill facility, it does euthanize animals that are too sick or injured to economically save, too aggressive to risk placing back in the community, and, only as a last resort, when the Center is over-populated and cannot legally take in any more animals.

Do you have any reservations about animals being humanely euthanized? \_\_\_\_\_ yes      \_\_\_\_\_ no

Explain: \_\_\_\_\_  
\_\_\_\_\_

**CERTIFICATION:** Please read carefully before signing. If you have any questions regarding the following statements, please ask for assistance. I certify that, to the best of my knowledge and belief, the answers given by me to the foregoing questions and the statements made by me in the application are correct and complete. I understand that any false information may prevent acceptance as a volunteer.

I authorize you to communicate with all my former employers and persons named as references. I hereby release all employers, schools and individuals from any liability for any damage whatsoever resulting from giving such information.

Applicant signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PRIVACY ACT STATEMENT:**

**GENERAL:** This information provided pursuant to Public Law 93-579 (Privacy Act of 1974), December 31, 1974, for individuals applying for positions with Jefferson County, Missouri.

**ROUTINE USES:** The Social Security Number and Drivers' License Number are used to identify applicants and verify qualifications. The Social Security Number is also used in tracking training qualifications.

**DISCLOSURE IS VOLUNTARY:** Failure to provide the above information may prevent acceptance as an appointee.

**Waiver of Liability**

In consideration of being allowed to volunteer for the Jefferson County Animal Control Division, I hereby assume any and all risk of injury, damage or loss, either to myself or my property, from all and every cause, including but not limited to both affirmative and passive acts of negligence, violation of law or willful misconduct on my part, other participants, members of the public or Jefferson County, Missouri, its employees, officers or agents during such volunteer service, as an incident thereto or in connection therewith.

It is the understanding between myself and Jefferson County, Missouri that neither Jefferson County, Missouri, the Jefferson County Division of Animal Control, nor any other division, agency of Jefferson County, its officers, employees or agents, shall incur liability or obligation to myself, my heirs, successors or assigns. Neither Jefferson County, Missouri, the Jefferson County Animal Control Division, nor any other division or agency of Jefferson County, Missouri makes any promises, guarantees, or warranties, nor enters into any obligation to undertake any action on behalf of the undersigned other than to permit me to volunteer for the Jefferson County Animal Control Division in accordance with the directives issued by the Manger of the Jefferson County Animal Control Division.

It is further understood that I shall in no way be construed to be an employee of Jefferson County, Missouri, nor any division or agency of Jefferson County.

I agree to indemnify, defend and save harmless Jefferson County, Missouri and all divisions or agencies of Jefferson County, its officers, employees, or agents from any and all claims, suits or actions of every name, kind and description, brought for or on account of, injuries to, or death of, any person or damage to any property resulting from my performance of any work during my participation as a volunteer with the Jefferson County Animal Control Division, as an incident thereto or in connection therewith.

In the event any provision of the Waiver of Liability Agreement is declared null and void by any court of law, the remainder of the provision of the Agreement shall remain in full force and effect.

I acknowledge that I have read the above Waiver of Liability, that I understand it, and that I am voluntarily signing it.

\_\_\_\_\_  
Signed

Dated: \_\_\_\_\_

\_\_\_\_\_  
Witnessed by:

Dated: \_\_\_\_\_

## JEFFERSON COUNTY, MO

### APPLICANT CERTIFICATION AND AUTHORIZATION

I hereby give the **COUNTY OF JEFFERSON** (hereinafter referred to as "you") the right to conduct an investigation of my background. I understand that the investigation may include inquiry into my past employment, education, and activities, including, but not limited to, credit, criminal background information and driving record, and I release you against any liability which might result from making such investigation. Additionally, I agree that you may obtain an investigative consumer report or other information regarding me and may consult certain files which are available. I understand that, to the extent required by law, the COUNTY OF JEFFERSON will retain the results of this investigation and a copy of my application for employment. I understand that any false answers, statements, implications, or derogatory information made by me or which is revealed as a result of this background investigation based on information supplied in any application for employment, or other required documents, may be considered sufficient cause for denial of employment or discharge.

I understand that you may contact my previous employers and I authorize those employers to disclose to you all records pertinent to my employment with them. In addition to authorizing the release of any information regarding my employment, I hereby fully waive any rights or claims I have or may have against my former employers, their agents, employees, and representatives, as well as other individuals who release information to you, and release them from any and all liability, claims or damages that may directly or indirectly result from the use, disclosure, or release of such information by any person or party, whether such information is favorable or unfavorable to me.

I have read and understand the Summary of Your Rights Under the Fair Credit Reporting Act and the Applicant Notification, a copy of which I acknowledge receiving, advising me that a comprehensive background investigation may be conducted, which may include inquiry into past employment, education, and activities, including but not limited to, credit, criminal background information and my driving record.

APPLICANT NAME (PRINT): \_\_\_\_\_

*Date of Birth:* \_\_\_\_\_

DATE OF BIRTH INFORMATION IS COLLECTED FOR THE SOLE PURPOSE OF EXPEDITING YOUR BACKGROUND INVESTIGATION; IT IS NOT A FACTOR CONSIDERED IN THE EVALUATION OF YOUR APPLICATION FOR EMPLOYMENT.

PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_

DRIVER'S LICENSE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ EXPIRATION: \_\_\_\_/\_\_\_\_/\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*APPLICANT'S SIGNATURE*