



**King County
Animal Care and Control**

21615 64th Avenue South
Kent, WA 98032

206.296.PETS Fax 206.205.8043 TTY Relay: 711

Please identify where you will be
volunteering; please select one:

Kent _____
Bellevue (Crossroads) _____

For Office Use Only

Orientation/Training

OR _____ CA _____ OF _____
DO _____ FO _____

Date received _____

VOLUNTEER APPLICATION - King County Animal Care and Control

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle Initial)

Address: _____ City: _____ Zip: _____

Mailing Address (if different): _____

Phone: Home _____ Work _____ Cell _____

- Age: 10-15 MUST VOLUNTEER WITH PARENT OR LEGAL GUARDIAN (PARENT/GUARDIAN MUST ALSO BECOME A VOLUNTEER)
- 16-17 MUST HAVE SIGNED PERMISSION FROM PARENT OR LEGAL GUARDIAN
- 18 or older

E-mail: _____

Emergency contact: _____
(Name) (Phone) (Relationship)

Have you been convicted of a crime that involved an animal? If yes, provide date, charge and outcome: _____

VOLUNTEER INFORMATION

Please list any volunteer experience you have: _____

Volunteer reference: _____
(Name) (Agency) (Phone)

Please list any training, experience, or education in animal care and welfare: _____

List any other skills: _____

Do you have any pets? Please list: _____

What do you hope to gain from your volunteer experience with us? _____

Please check the volunteer activity you are interested in. Please identify dogs OR cats.

- | | | |
|--|---------------------------------------|---|
| <input type="checkbox"/> Walking/Exercising dogs | <input type="checkbox"/> Cat Cuddling | <input type="checkbox"/> Foster Care |
| <input type="checkbox"/> Fundraising events/activities | <input type="checkbox"/> Other | <input type="checkbox"/> Off-site Cat Care (please select a city) |
| <input type="checkbox"/> Photographing cats & dogs | | ___ Kent (Reber Ranch) ___ Bellevue (Petco) |
| | | ___ Federal Way (PetSmart) |

Thank you for applying to volunteer with KCACC. In signing this application, I understand and agree:

- To attend all required training and to abide by the KCACC Volunteer Program policies and procedures (provided at orientation);
- To follow written and oral directives from KCACC staff;
- That I can be terminated from the volunteer program at any time;
- To give KCACC permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program or the organization;
- To a 6-month commitment of the minimum hours required for the volunteer activity I select;
- To show a copy of my Washington State Driver's license or identification to verify age, if requested; and,
- **That if I am under 16, I must have a parent or guardian who is an approved KCACC volunteer in attendance while volunteering.**

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old	

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

King County, charter county government under the constitution of the State of Washington, hereinafter referred to as "the County," maintains an Animal Services section through the authority of the County Executive. In the regular course of providing Animal Control services in King County, the Section utilizes volunteers in many animal related activities.

I, (Print Name) _____ wish to be a volunteer with KCACC. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury and/or bodily injury, including death. For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees and agents from any liability or claim of liability which might arise out of my volunteer activities.

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old	

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Volunteer or the Parent/Legal Guardian of the Minor Volunteer, I, (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old	

PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 18 YEARS OLD)

As Parent/Legal Guardian I, (Print Name) _____ hereby grant my permission for the above-named minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release and forever discharge the County, its officers, officials, employees and agents from any liability or claim of liability arising out of the Minor Volunteer's activities.

_____	Date _____
Signature of Volunteer if 18 years or older	
_____	Date _____
Signature of parent or guardian if volunteer is younger than 18 years old	