



RENTON ANIMAL CONTROL VOLUNTEER/FOSTER APPLICATION

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

Address: _____

City: _____ Zip: _____

Mailing Address (if different): _____

City: _____ Zip: _____

Phone: Home: _____

Cell: _____

Work: _____

Email: _____

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

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

Do you have pets? YES NO

If yes, please list and indicate if they are up-to-date on vaccines and spayed/neutered.

_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

Please list any animal related volunteer/foster experience you have:

Volunteer/foster reference: (if applicable):

<i>(Name)</i>	<i>(Agency)</i>	<i>(Phone)</i>
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Please list any training, experience, or education in animal care and welfare:

List any other skills (Social Media, Outreach, Fundraising):

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

Please check the animal control volunteer activities in which you are interested: *(Check all that apply.)*

- | | |
|--|--|
| <input type="checkbox"/> Administration | <input type="checkbox"/> Outreach |
| <input type="checkbox"/> Social Media | <input type="checkbox"/> Foster Care <input type="checkbox"/> Cats <input type="checkbox"/> Dogs |
| <input type="checkbox"/> Transfer Coordinating | <input type="checkbox"/> Transporting |
| <input type="checkbox"/> Other: _____ | |



Thank you for applying to volunteer with Renton Police Animal Control



RENTON POLICE ANIMAL CONTROL VOLUNTEER AGREEMENT & RELEASE FORM

Print name of volunteer: _____

In signing this application, I understand and agree:

- To abide by the Renton Animal Control (RAC) Volunteer Program policies and procedures (provided at orientation).
- To attend all required training.
- To follow written and oral directives from RAC staff.
- That I can be terminated from the volunteer program at any time for any reason.
- To give RAC permission to use photographs or video footage of my volunteer activities should it benefit the volunteer program or the organization.
- To give my best efforts toward the minimum commitment outlined in new volunteer orientation for the volunteer activity I select.
- To show a copy of my Washington State Driver’s license or identification to verify age, if requested.

_____ Signature of Volunteer	Date: _____
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INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

City of Renton, municipal government under the constitution of the State of Washington, hereinafter referred to as “the City,” maintains an Animal Control Services section through the authority of the City Executive. In the regular course of providing Animal Control services in the city of Renton, RAC utilizes volunteers in many animal related activities.

I, (Print Name) _____ wish to be a volunteer with RAC. 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 City, its officers, officials, employees and agents from any liability or claim of liability which might arise out of my volunteer activities.

_____ Signature of Volunteer	Date _____
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EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Volunteer, I, (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), in the event of injury, and to administer any emergency care or treatment deemed necessary. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

_____ Signature of Volunteer	Date: _____
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