

City of Salina Animal Services

329 N 2nd St
Salina, KS 67401



**Volunteer Waiver/
Background Check**

(785) 826-6535, FAX (785) 826- 7415
Website: www.salina-ks.gov

Please mark the box next to the program you are applying for:

- Cat Volunteer Dog Volunteer Adoption Assistant Dog Walker Foster Program

Name: _____ DOB: _____
(Last) (First) (Full Middle) (MM/DD/YYYY)

Address: _____ Phone: _____

Employer: _____ Employer Address: _____

DL #: _____ Expiration Date: _____ Social Security #: _____
(Required) (MM/DD/YYYY) (Required)

Have you ever been convicted of a felony? _____ If so, when and for what reason? _____

Have you ever had or do you currently have a problem with drugs and/or alcohol? _____ Yes: Please explain _____

What experience/training do you have with animals and/or working with animals? _____

Please read the following, and sign and date on the next page.

I, the undersigned, have requested that the City of Salina, Kansas ("the City"), grant me permission to serve as a volunteer worker for its Salina Animal Shelter ("the Shelter"), and in doing so, I agree to comply with all of the rules and regulations which may be established from time to time by the City, and I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services (to include, but not limited to walking dogs, shampooing dogs, socializing cats, cleaning cat cages, fostering dogs in my home until adoption or transfer to another facility) are provided strictly on a volunteer basis, without any pay of any kind and without liability of any nature on behalf of the City.

I further acknowledge that will be considered a volunteer for all purposes and will not be considered an employee, agent, or representative of the City. By serving as a volunteer, I will not be entitled to employee benefits of any kind, including but not limited to unemployment, workers' compensation, or retirement benefits. The City has the authority at any time and in its sole discretion to terminate my participation as a volunteer, with or without cause.

I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to diseases (i.e. ringworm, giardia, rabies, etc.) and physical harm caused by the animals. I am aware that some or all of these animals may not have had their rabies shots. All services will be performed at my own risk.

In consideration of permission granted by the City to volunteer my services for the above purposes at the Shelter, and on behalf of myself, my heirs, personal representatives and executors, I hereby forever release, indemnify and hold harmless the City, its agents, servants and employees from all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fee incurred by the City in connection with the same, based on damages or injuries which may be incurred or sustained by me (or my household members in the event I am fostering dogs) in any way connected with my services for the Shelter, including but not limited to animal bites, accidents, or injuries.

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I, the volunteer, understand and agree to:

1. I must be 18 years of age or older in order to participate as a volunteer.
2. Acknowledge I have read and accept these terms and conditions.
3. The City of Salina can deny any volunteer for any non-discriminatory reason.
4. This enrollment form is valid for one year and a new form has to be submitted at the start of each year.
5. By submitting this enrollment form, I the volunteer, affirm that all the foregoing information I have provided is true and correct.
6. By submitting this enrollment form; I the volunteer, voluntarily waive my privacy rights to the extent necessary for the City of Salina to verify the foregoing information through any reasonable means, including, but not limited to local, state, national and international criminal background checks and to inform those within the City of Salina who are responsible for accepting and/or supervising volunteers.

**City of Salina Volunteer Background Standards available upon request.*

Print Name: _____
(Volunteer) (Age)

Signature: _____
(Volunteer) (Date)

Approved by: _____
(Human Resources) (Date)

FORM NOT VALID UNLESS SIGNED ABOVE