



Mark A. Moczulski
Chief of Police

DEPARTMENT OF ANIMAL SERVICES
300 L Street, Antioch, CA 94509
(925) 779-6989

Last Name: _____ First Name: _____ Date of Birth: _____

Address: _____
(Street) (City) (State) (Zip)

Home Phone: _____ Work Phone: _____

E-mail Address: _____ Employer: _____

If Student, Name of School: _____ Full-time _____ Part-Time _____

Social Security Number: _____ Driver's License #: _____

Please list any experiences you have (volunteer, paid or education) that may be helpful in working with Antioch Animal Services:

In case of Emergency, contact:

Name: _____ Home Phone: _____

Address: _____ Work Phone: _____

Relationship: _____

Do you have any physical or other limitations that we should be aware of? _____

Do you currently have pets? _____ How many and what kind? _____

Unfortunately, with the large numbers of homeless and abandoned animals, we must humanely euthanize animals for health and space reasons. Will you be able to work here, with the understanding that euthanasia is performed at the shelter? If not, please list your concerns, as we may be able to address your concerns and find a suitable volunteer placement for you.

Are you able to make a six (6) month commitment to your volunteer position? _____

VOLUNTEER AREAS OF INTEREST (Please check preferences #1, #2 and #3)

_____ Lost and Found _____ Adoption Counselor _____ Dog Care Assistant

_____ Animal Groomer _____ Cage Cleaner/Cat Socializer _____ Photographer

_____ Pet Connect _____ Office Assistant _____ Newsletter Editor

_____ Public Relations (Tabler) _____ Foster – Cat _____ Foster – Dog

_____ Other (Please list) _____

What days/times are you available to volunteer? _____

Please read and sign the following volunteer agreement:

I agree to abide by the policies and procedures as outlined in the Antioch Animal Services Department Volunteer Handbook. I understand that the above information is voluntarily supplied and may be used and disclosed for agency purposes. I understand that I will not be paid for my services as a volunteer. I understand that as a volunteer for the City of Antioch, Animal Services division, I am required to submit to a background check and fingerprinting. I authorize the City to perform this background check and fingerprinting.

Antioch Animal Services, the City of Antioch and Tony La Russa's Animal Rescue Foundation have my permission to use any and all photos or videos taken of me for promotional use or to publicize an event. I understand that all prints, film and negatives become property of the City of Antioch and Animal Rescue Foundation and may be used without prior notification or compensation of money, services, or goods.

I authorize the City of Antioch, Animal Services Department to seek emergency medical treatment in case of injury, accident or illness. I understand that in the event I am injured or contract any illness while acting as an unpaid Animal Services volunteer that I am not covered by California State Worker's Compensation Law.

While the City of Antioch, Animal Services Department and Tony La Russa's Animal Rescue Foundation are concerned with the safety and well-being of its volunteers, I acknowledge that it is my sole responsibility to exercise caution and good judgement. I understand and voluntarily assume the risks associated with volunteering for the Antioch Animal Services Department and do not hold the City of Antioch or the Animal Rescue Foundation responsible for injury to person or property.

Signature of applicant (if under 18, please have parent or legal guardian sign)

Date