



Dear Interested Volunteer Candidate:

Thank you for contacting us about our volunteer program. We currently have approximately 400 volunteers throughout our six Los Angeles County Animal Care Centers. We receive over 80,000 animals per year at our shelters, so you can see that we need many more volunteers to help us care for the animals while they are waiting for their new homes.

To get you started as a volunteer, you must be at least 16 years of age and be able to commit at least 3 hours per week for a minimum of 9 months. If this works for you, please complete the attached documents and mail them back to me at the address below my or fax them back to me (fax number below). Read the instructions on the Employment Eligibility Verification Form, then fill out only Section 1 and provide a copy of the acceptable documents. We require a signed and completed application before you can be scheduled for our next volunteer orientation class. If you are applying as a youth volunteer (ages 16 and 17), you must have your parent or guardian sign your application form. Once your application is received, we will contact you to schedule you for one of our orientations.

During the three-hour orientation/training class you will be provided with a Volunteer Policies Manual that we will review. You will also learn about safety around animals on a slide show presentation. Please bring an original copy of the completed attached documents with you to the orientation class along with a photocopy of your ID. You will also be required to purchase a volunteer t-shirt during the volunteer orientation class for \$10 (sizes S - XXL). Optional sweatshirts are available for \$13.

I have provided you with some of the more commonly asked question that may help you decide if you want to become a shelter volunteer. Please read them carefully and if you still have questions, please don't hesitate to call the Volunteer Services Director at (562) 256.1367.

Thank you and I look forward to meeting you at one of our orientation classes.

Volunteer Services Director  
County of Los Angeles Department of Animal Care and Control  
5898 Cherry Ave.  
Long Beach, CA. 90805  
562.256.1367 (Office) \* 562.422.3408 (Fax)  
<http://animalcare.lacounty.gov>

F.A.Q.'s:

Q: How old do I have to be to volunteer at one of your six shelters?

A: Volunteers must be at least 16 y.o. prior to attending the volunteer orientation.

Q: Do I have to have my own insurance to volunteer?

A: Volunteers are strongly encouraged to have their own insurance coverage, however the County of Los Angeles does provide some insurance benefits.

Q: How many hours am I required to volunteer per day, week, month, or year?

A: We request (and the animals need you) for two to three hours per week (8-12 hours per month) for a minimum initial commitment of 9 months.

Q: If I can't go into the shelter because it's too sad for me, what can I do to help?

A: Some people find it difficult to visit our shelters, so we have other opportunities, such as fostering animals that need extra TLC, orphaned animals, etc. Volunteers can also help out at off-site adoption events. Please call us for more information about the programs that we can offer.

Q: Do all of the animals find new homes that come into your shelters?

A: Unfortunately no, not all animals that come into our six Animal Care Centers are adoptable. Some are aggressive and would be a risk to public safety or other animals, some are so sick that they cannot be treated and some have extensive injuries that we are not able to remedy. The adoption rates vary from shelter to shelter.

Q: Do I need to purchase special equipment to volunteer?

A: Our volunteers are required to purchase a \$10.00 volunteer shirt that must be worn at all times when you are volunteering at one of our shelters or at one of our many off-site adoption events. Shirt sizes come in small to double extra large. We also offer sweatshirts for \$13.00 that come in the same size options (optional).

Q: Who will train me on how to work with the dogs or the cats?

A: Your first training session will take place at the volunteer orientation where you will learn about dog and cat behavior and signs to look out for while you are working with the animals. More extensive training will take place at the shelter that you select to work with. Each shelter has a Shelter Volunteer Liaison that will provide the additional training or arrange for it with other employees or sometimes experienced seasoned volunteers.

COUNTY OF LOS ANGELES  
DEPARTMENT OF ANIMAL CARE AND CONTROL

VOLUNTEER APPLICATION

Check One:     Adult (18 yrs. or older)         \*Youth (Ages 16-17)

Last Name:		First Name:	
Address:			
City:		State:	Zip:
E-mail:		Home Phone:	(    )
Employer:		Work Phone:	(    )
Date of Birth:		Cell Phone:	(    )

\*Signature required of parent/guardian or sponsored agency, if applicant is under 18 years of age:

Signature:		Relationship:		Phone#:	(    )
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Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, or placed on probation or suspended, or have you forfeited bail in connection with any offense (except for traffic tickets which involved faulty equipment, parking, hand signals or speeding) in any civil or military court of law? (Include convictions dismissed under Penal Code 1203.4 and any major traffic offenses resulting in a warrant).

Yes     No    If Yes, please explain: \_\_\_\_\_

**Emergency Contact:**

Name:		Phone#:	(    )
Relationship:		Other Phone#:	(    )

**Medical Insurance Coverage:**

Insurance Company Name:		Policy#:	
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Volunteers are strongly encouraged to have their own medical insurance. If you do not have Medical Insurance coverage, you may still become a member of our volunteer team.

**Volunteer Interest:** Indicate the shelter location where you wish to volunteer:

Agoura     Baldwin Park     Carson     Castaic     Downey     Lancaster

Using the attached sheet of listed volunteer positions available, please indicate your 1<sup>st</sup> and 2<sup>nd</sup> choice of volunteer job duties in the space provided below:

1.		2.	
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Indicate what day(s) of the week you would be available to volunteer. Shelters are closed on Sundays and Holidays.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							

SEE OTHER SIDE

**Questions:**

Why did you decide to become a volunteer?	
Have you volunteered with an animal welfare agency before? If yes, where?	
Are you a member of other animal welfare agencies? If yes, please indicate the organizations:	
Have you ever cared for or owned pets? If yes, what type?	

**Volunteer t-shirts and photo badges must be worn at all times during your volunteer service.**

T-shirt sizes:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	\$10.00 per shirt
Sweatshirt sizes:	<input type="checkbox"/> Small	<input type="checkbox"/> Medium	<input type="checkbox"/> Large	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	\$13.00 per shirt

**Please check any experience or skills you have that will be beneficial in your volunteer service:**

<input type="checkbox"/> Exercising/handling dogs	<input type="checkbox"/> Bathing/Grooming	<input type="checkbox"/> Professional Dog Trainer	<input type="checkbox"/> Handling cats	<input type="checkbox"/> Medical care for animals	<input type="checkbox"/> Kennel Care and cleaning
<input type="checkbox"/> Fundraising/Events	<input type="checkbox"/> Public Relations/Marketing	<input type="checkbox"/> Pet assisted therapy	<input type="checkbox"/> Customer Service	<input type="checkbox"/> Web site design/maintenance	<input type="checkbox"/> Clerical/Administrative

Signature:		Today's Date:	
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*Thank you for completing this application. Very soon you will hear from us as to the next Volunteer Orientation Class date.*

**For Office Use Only: Sections A,B,C to be completed by the Director of Volunteer Services.**

A. Intake information: Application received at headquarters:		Date	Assigned PIN
B. Volunteer shelter assignment location:		Shelter location	Purchased T-shirt <input type="checkbox"/> Yes <input type="checkbox"/> No
C. Training Plan:		Date completed Orientation/Training	Photo ID <input type="checkbox"/> Yes <input type="checkbox"/> No
			Date scheduled to complete formal training

**Section D: The following section is to be completed by the Shelter Volunteer Liaison:**

The above volunteer has completed training for the following position: Place a check mark after the appropriate position.

<input type="checkbox"/> Adoption Specialist	<input type="checkbox"/> Cat Companion	<input type="checkbox"/> Dog Companion	<input type="checkbox"/> Pet Grooming	<input type="checkbox"/> Shelter Host	<input type="checkbox"/> Community Relations	<input type="checkbox"/> Professional Services	<input type="checkbox"/> Clerical Assistant	<input type="checkbox"/> Home Foster Care
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Form I-9 must be completed BEFORE the volunteer can begin volunteer services with DACC. Send Form I-9 to DVS.

I confirm this volunteer has successfully completed all required training for the position indicated above:

S.V.L. Initials		Badge No.	
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Retain a copy on file at the shelter.



COUNTY OF LOS ANGELES  
Department of Animal Care and Control



VOLUNTEER AGREEMENT

Name of Volunteer: \_\_\_\_\_  
(Please print your full name)

As a registered volunteer for the Department of Animal Care and Control, I acknowledge receipt of this agreement. I agree to comply with all of the following policies and procedures.

The County of Los Angeles Department of Animal Care and Control agrees to:

- Provide a Director of Volunteer Services (DVS) who is responsible for the overall management of the Volunteer Program.
- Provide a shelter volunteer liaison for direct training, guidance and support.
- Provide on-going training and educational opportunities that will enhance the volunteer experience.
- To review and address issues and concerns in a timely fashion and provide follow-up to the volunteer.
- As much as possible, provide a safe and wholesome working environment.
- Sponsor volunteer recognition events.
- Encourage volunteers to participate in department educational and training programs.
- Direct the affairs of the department in a manner enhancing the benefit of the animals in our care and the Mission of the Department.

VOLUNTEER SERVICE AGREEMENT

- To adhere and abide by all department policies and procedures as outlined in the volunteer manual.
- To participate in all volunteer training and/or required volunteer meetings.
- To understand the function of shelter employees and the role of the volunteer within the department and to follow the proper chain-of-command as outlined in the volunteer manual.
- To fulfill my listed volunteer duties as written in the job description in a proficient, professional and timely manner, including maintaining an accurate record of hours worked in the volunteer log, and to maintain confidentiality of shelter business.

VOLUNTEER SERVICE AGREEMENT (continued)

- To arrive promptly for schedule assignments and provide ample advance notice to the shelter staff if I'm unable to report for duty or if I'm going to be late in arriving.
- To adhere to the volunteer dress code and wear my county-issued identification at all times while in the performance of my volunteer duties, and to use assigned equipment in an appropriate and safe manner at all times.
- To provide in writing concerns, issues or complaints to the shelter volunteer liaison and/or shelter manager and to accept their guidance, evaluation and decision.
- To report to the Shelter Volunteer Liaison (SVL) or the OIC any conditions at the shelter which you feel are unsafe: frayed electric cords, slippery surfaces, tripping hazards, poor lighting, etc.
- To make NO contact with the print, audio or visual media regarding activities at the shelter or within the department, unless authorized by the shelter manager.
- To provide advance notice to the SVL with any change of personal information (i.e. name, address, phone, e-mail, medical insurance, driver license) and to maintain medical insurance coverage on yourself as described in the volunteer manual and to report any changes to the SVL.
- To abide by established procedures and immediately report any injury that occurs during my volunteer service to the officer-in-charge (OIC) and to complete any injury associated forms that are required to be completed.
- To obtain written permission from a parent/guardian, if volunteer is under the age of 18 years of age.
- To provide advance notice to the SVL for any anticipated long absences or resignation. In the case of resigning complete the volunteer resignation form. To turn in to the SVL any issued ID, uniforms or equipment.
- To defend and hold the County of Los Angeles, Department of Animal Care and Control harmless for any injuries, loss or damages which may occur during my volunteer service career.

I understand that I can be discharged from my volunteer duties for violation of any of the above rules, policies or procedures. As a volunteer, I understand that I may discontinue my services with or without reason, and that the County of Los Angeles Department of Animal Care and Control reserves the right to release any volunteer without reason.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if volunteer is  
under the age of 18 years)

\_\_\_\_\_  
Date

**VOLUNTEER PHOTO RELEASE**

I hereby agree that the photographs and/or video images taken of me any my pet (or shelter animal) during my volunteer services may be used in perpetuity by the County of Los Angeles, Department of Animal Care and Control (DACC), for the purposes of publicity, education, fundraising, recruitment, or otherwise promoting the mission of and activities of the department. I understand that I will receive no name recognition or monetary compensation for the use of said photograph(s) and/or video footage, and that this agreement will remain binding and have legal effect regardless of whether my association with the DACC continues.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if volunteer is under the age of 18 years)

\_\_\_\_\_  
Date

**VOLUNTEER RELEASE OF LIABILITY and AGREEMENT to INDEMNIFY**

In consideration of being permitted to perform volunteer services with the County of Los Angeles, Department of Animal Care and Control, herein after referred to as the DACC, the UNDERSIGNED for himself/herself and his/her heirs and representatives voluntarily and knowingly execute this document and expressly waives any and all rights, claims and causes of actions including, without limitation, those involving bodily injury or property to the Undersigned or the Undersigned's family while the Undersigned is engaged, directly or indirectly in performing volunteer services for the DACC.

The Undersigned hereby agrees to indemnify, defend and hold the DACC, its employees, volunteers and directors harmless from any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action brought against the DACC, jointly or individually, for bodily injury or property damaged suffered as a result of the Undersigned's negligent, reckless or willful act, omission in the performance or failure to perform his/her volunteer services.

This liability release form is executed without any reliance upon any representation by any person and the Undersigned has carefully read and understands the contents of this release form and executes the same as his or her own free act. The Undersigned acknowledges and understands that as a volunteer he/she is NOT covered by the Workers Compensation, (Labor Code 3352 (l), Workers Compensation Benefits) or any other insurance policy for any damages or injuries sustain during my volunteer services.

VOLUNTEER RELEASE OF LIABILITY and AGREEMENT to INDEMNIFY (continued)

In the event that any of the terms, conditions, and/or covenants in this release form is held to be invalid, such invalidity shall not affect any terms, conditions and/or covenants contained herein which shall remain in full force and effect.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (if volunteer is  
under the age of 18 years)

\_\_\_\_\_  
Date

COUNTY OF LOS ANGELES  
DEPARTMENT OF ANIMAL CARE AND CONTROL

FORM I-9 INFORMATION

Prospective Volunteer:

Effective, November 1, 2003, the U.S. Department of Justice requires that all prospective volunteers must complete Form I-9 before they can join our volunteer team (see attached Form I-9).

The purpose of Form I-9 is to establish that you are legally eligible to work in the U.S. This also covers volunteers who may receive training, skills learned or education.

Please complete Section 1 only of Form I-9 and provide the document(s) required (see backside of Form I-9), which requires you to present evidence of Employment Eligibility Verification. This completed document must be reviewed and accepted as valid before you can begin your volunteer career with our department. Produce one document from List A. If you can't produce a document from List A, then you must produce one document from List B and one from List C.

Thank you for your understanding and cooperation.

Jaime De La Riva  
Volunteer Programs

# Employment Eligibility Verification

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. **ANTI-DISCRIMINATION NOTICE:** It is illegal to discriminate against work eligible individuals. Employers **CANNOT** specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last _____		First _____	Middle Initial _____	Maiden Name _____
Address (Street Name and Number) _____			Apt. # _____	Date of Birth (month/day/year) _____
City _____		State _____	Zip Code _____	Social Security # _____
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.			I attest, under penalty of perjury, that I am (check one of the following): <input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until ___/___/___ (Alien # or Admission #) _____	
Employee's Signature _____				Date (month/day/year) _____

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature _____	Print Name _____
Address (Street Name and Number, City, State, Zip Code) _____	
Date (month/day/year) _____	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		___/___/___		___/___/___
Document #: _____		_____		_____
Expiration Date (if any): ___/___/___		_____		_____

**CERTIFICATION** - I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_\_/\_\_\_/\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative _____	Print Name Ron R. Edwards	Title Deputy Director
Business or Organization Name L.A. County Animal Care	Address (Street Name and Number, City, State, Zip Code) 5898 Cherry Ave. Long Beach, CA 90805	
		Date (month/day/year) _____

**Section 3. Updating and Reverification.** To be completed and signed by employer.

A. New Name (if applicable) _____	B. Date of rehire (month/day/year) (if applicable) _____
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility. Document Title: _____ Document #: _____ Expiration Date (if any): ___/___/___	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative _____	Date (month/day/year) _____