



Indianapolis Animal Care Services ***** Volunteer Application Form

Please complete this application form if you are interested in becoming a Indianapolis Animal Care Services. Once you complete the form, click the submit button at the bottom.

Contact Information

First name: *

Last name: *

Middle name:

Title: ▾

Nickname:

Street 1: *

Street 2:

Street 3:

City: *

State: ▾ * Zip: *

Home phone:

Work phone:

Cell phone: *

Email address: *

Date of birth: ▾ ▾ ▾ *

Age:

Gender: ▾ *

Driver's License Number:

State of Issue:

Expiration Date: ▾ ▾ ▾

Volunteer Opportunities

Please mark the volunteer opportunities that interest you the most:

- Check any/all:
- | | | |
|--|---|--|
| <input type="checkbox"/> Beautification Expert | <input type="checkbox"/> Canine Companion | <input type="checkbox"/> Cat Adoption Ambassador |
| <input type="checkbox"/> Dog Adoption Ambassador | <input type="checkbox"/> Dog Evaluation Assistant | <input type="checkbox"/> Dog Walker |
| <input type="checkbox"/> Feline Field Support | <input type="checkbox"/> Feline Friend | <input type="checkbox"/> Foster for a Day |
| <input type="checkbox"/> Groomer | <input type="checkbox"/> Medical Support | <input type="checkbox"/> Outreach Street Team |
| <input type="checkbox"/> Petsmart Volunteering | <input type="checkbox"/> Photography | <input type="checkbox"/> Shelter Ambassador |
| <input type="checkbox"/> Training Buddy | <input type="checkbox"/> Transporter | <input type="checkbox"/> Volunteer Team Lead |

Availability

Please indicate the days and times you are usually available to volunteer.

	Sun	Mon	Tue	Wed	Thu	Fri	Sat
Morning:	<input type="checkbox"/>						
Afternoon:	<input type="checkbox"/>						
Evening:	<input type="checkbox"/>						

I would like to volunteer: *

Experience

Please describe your previous experience in working with animals:

Special Skills

Please list any special skills, interests, training, or hobbies:

Previous/Current Volunteer Experience

Please describe any previous or current volunteer groups that you have been associated with:

Why would you like to volunteer at IACS?

Please tell us about why you would like to become a volunteer:

Emergency Contact

In the event of an emergency whom should we notify?

1

First name:

*

Last name:

*

Home phone:

Cell phone: *

Relationship: *

2

First name:

*

Last name:

*

Home phone:

Cell phone: *

Relationship: *

Volunteer Information Center

We provide an online "Volunteer Information Center" where volunteers may check their schedules, update their information, and receive messages. Please select the password you would like to use to access the online Volunteer Information Center.

Please enter a password that:

- Is between 6 and 30 characters long

Password: *

Confirm password: *

Prior Convictions

Have you ever been convicted of a felony or misdemeanor, EXCLUDING traffic tickets that have not been expunged by a court? If Yes, please explain all conviction details, including any related dates.

Permission for Background Check

I give my permission for Indianapolis Animal Care Services and the City of Indianapolis and Marion County to conduct a background investigation, which may include the release of criminal records, as part of the processing of this application for volunteer status.

****NOTE - If you do not allow permission for background check, you may not be granted access to volunteer. Please contact us with questions/concerns.**

Agreement: *

Consent for those under age 18

If you are under age 18, please list the following:

1. First & Last Name of your parent/legal guardian who consents on your behalf
2. Social Security Number or Driver's License Number of parent/legal guardian listed above

****NOTE - you will be required to provide a valid signed paper documentation of consent from your parent/legal guardian when requested**

I Agree

I understand and agree that submitting this application form does not automatically register me as a Indianapolis Animal Care Services volunteer, and that there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures before I may begin volunteering.

By submitting this form, I attest that the information I have provided on the form is true and accurate, and that if any of the information I provided changes, I will immediately update my profile and inform the Volunteer Coordinator.

I hereby agree and consent to serve as a volunteer for the City of Indianapolis, Animal Care Services ("IACS").

GENERAL INTENT

I affirm that as an IACS volunteer, the voluntary services that I freely choose to render to IACS arise from charitable and humane motives. I understand that I will NOT be:

- regarded as an employee of IACS or the City of Indianapolis; or,
- entitled to any benefits of employment; or
- compensated financially or in any other manner by IACS or the City of Indianapolis for rendering such voluntary services.

Further, I understand that the IACS may choose to terminate this Volunteer Agreement at any time, and no longer accept voluntary services from me.

WAIVER OF LIABILITY

I KNOWINGLY AND WITHOUT RESERVATION HEREBY AGREE TO RELEASE, INDEMNIFY AND HOLD HARMLESS THE CITY OF INDIANAPOLIS, ITS DEPARTMENTS, DIVISIONS, OFFICERS, EMPLOYEES AND AGENTS FROM

EVERY LIABILITY, CLAIM, LOSS, DAMAGE, OR EXPENSE (INCLUDING BUT NOT LIMITED TO ATTORNEY FEES) FOR EVERY INJURY OR DAMAGE TO PROPERTY, WHICH INJURY OR DAMAGE ARISES OUT OF OR IS IN ANY WAY CONNECTED WITH MY PARTICIPATION AS AN IACS VOLUNTEER. (If the volunteer is under the age of 18 years, the volunteer's parent or legal guardian must consent to the terms. If the volunteer is under the age of 16 years, the volunteer's parent or legal guardian must accompany and be present at all times the volunteer is providing services.)

I Agree

Continue

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