

**DESOTO PARISH POLICE JURY
ANIMAL CONTROL SERVICES
404 LIBERTY LANE, GRAND CANE, LA 71032
318-871-2900
VOLUNTEER APPLICATION**

PLEASE PRINT

NAME _____ DATE _____
ADDRESS _____ CITY/STATE/ZIP _____
HOME PHONE _____ CELL _____
E-MAIL _____ @ _____

EMERGENCY CONTACT

NAME _____ PHONE _____ RELATIONSHIP _____

VOLUNTEER INFORMATION

Interested in: ___Pet-Adoption Days ___Pet-Foster Program ___Animal Facility Work Day(s)

How did you hear about our volunteer program? _____

Why are you interested in becoming a volunteer? _____

Describe any previous experience working with animals. _____

Special skills or training: _____

Please indicate the time you are available to volunteer:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____

PHYSICAL LIMITATIONS

Do you have a medical condition or handicap that requires special accommodations on the job? Yes ___ No ___

If yes, specify _____

PLEASE LIST (2) REFERENCES NOT RELATED TO YOU

Name _____ Phone # _____

Name _____ Phone # _____

YOU MUST BE 18 YEARS OF AGE IN ORDER TO VOLUNTEER

In submitting this application, I understand and agree to the following:

1. My participation with the DeSoto Parish Police Jury - T. B. Yopp, Jr. Animal Facility is strictly on a volunteer basis and hereby releases the Police Jury from liability of any/all injuries or damages incurred during my participation in the program.
2. I agree to abide by the policies and guidelines presented to me during volunteer training and as updated thereafter.
3. I will take ideas, constructive comments, suggestions and criticisms directly to the Kennel Supervisor or Facility Director.
4. If communication problems develop between employees or other volunteers and me, I will report these to the Kennel Supervisor as soon as possible.
5. I agree I will never provide information to (or about) former owners to prospective adopters and I will never divulge confidential information to the public.
6. I understand that my volunteer assignment may be terminated at any time at the discretion of the Kennel Supervisor or Facility Director.
7. I grant permission to the DeSoto Parish Police Jury to conduct any criminal background checks required to participate in the volunteer program.
8. I understand that if I am injured as a result of my participation as a volunteer, that injury related medical expenses will be covered by the parish's worker's compensation insurance, but no lost wages compensation will be provided.

Signature _____

Date _____

Witnessed by: _____

Date _____

Approved by: _____

Date _____