

Department of Animal Services

Erin Gettis, Director



Today's Date ____ / ____ / ____

R.E.A.R.S. VOLUNTEER APPLICATION

Please complete this application form if you are interested in becoming a REARS volunteer. Once you complete the form, email it to REARS@rivco.org.

Please note: All applicants will be fingerprinted and will be required to have a background check before being approved for volunteer services. Social Security number and Driver's License are mandatory to complete background check.

The county is responsible for payment. We appreciate the generosity of our community members who choose to volunteer to help homeless pets in Riverside County, those who are able to contribute financially toward costs associated with volunteering are encouraged to do so and can make a payment at the cashier window at any shelter location. Specify to cashier that the money is to go into the REARS account. The cost for each volunteer is:

- Background Check \$45.00*
- T-Shirt \$12.00*
- Badge \$5.00*
- Volunteer Supplies Any Amount
- Additional Donation Any Amount

**An inability to contribute does not result in the exclusion of anyone from the volunteer program. Those who are interested in contributing additional support are most welcome to do so.*

FULL NAME				
ADDRESS		CITY	ZIP CODE	
HOME TELEPHONE		MESSAGE TELEPHONE		
CELL PHONE		E-MAIL		
Length of Residence in California				
If less than 4 years, list previous addresses:				
DATE OF BIRTH				
Do you have a Driver's License? Yes/No		STATE	CLASS	
			EXP DATE	
EMERGENCY CONTACT INFORMATION				
NAME		RELATIONSHIP		
ADDRESS		CITY	ZIP	
TELEPHONE #		CELL PHONE #		
<input type="checkbox"/>	DOG/CAT GROOMING (Professional)		<input type="checkbox"/>	DOG/CAT GROOMING (Amateur)
<input type="checkbox"/>	VETERINARY TECHNICIAN SKILLS		<input type="checkbox"/>	VETERINARY SKILLS (Professional)

WHY DO YOU WANT TO VOLUNTEER AT RIVERSIDE CITY/COUNTY ANIMAL SERVICES?

LANGUAGES YOU SPEAK FLUENTLY (Other than English)

OFFICE TELEPHONE EXPERIENCE Yes No

FILING SKILLS Yes No

COMPUTER SKILLS (Include Programs) Yes No

HOBBIES/SPECIAL INTERESTS/TALENT

ANIMAL CARE EXPERIENCE

⁽¹⁾ If you have used any other names/aliases, please list them here

⁽²⁾ List any known drivers' license restrictions here

⁽³⁾ If you have expertise with a particular animal or breed, please specify

We are committed to providing the best animal handling training available. Are you able to commit to a full year of services based on your availability above? And are you available to serve 8 hours a month.

PRINT NAME

SIGNATURE

DATE

DISCLAIMER

Riverside County Ordinance 440, as amended, states in Section 10. If County Insurance: Such as liability insurance as the County may carry shall be excess insurance over any other valid collectible insurance, including that provided by the volunteer worker. VOLUNTEER WORKERS ARE NOT COVERED BY WORKER'S COMPENSATION INSURANCE OR BY COUNTY SELF-INSURANCE FOR INJURY OR ACCIDENT ARISING OUT OF VOLUNTEER SERVICE.

I, _____, the undersigned, have read and understand the foregoing notice. In addition, I understand that as a volunteer for the County of Riverside, I will not accept gifts or services from those I serve as a result of the performance of my duties as a volunteer. I further understand all information I obtain from those I serve, is of a confidential nature and is not to be divulged outside the confines of the Agency. As well, I understand the County of Riverside has the right to accept my services as a volunteer or to revoke them at any time.

VOLUNTEER SIGNATURE: _____ DATE: _____

I hereby understand that I may be required to have certain health test, inoculations, etc., depending on my assigned job and location.

IN MAKING THIS APPLICATION VOLUNTEERING MY SERVICES, I UNDERSTAND THAT I AM COMMITTING MYSELF TO THE COUNTY OF RIVERSIDE'S PROGRAM FOR THE PERIOD AGREED UPON. I ACKNOWLEDGE I WILL NOT BE REIMBURSED FOR ANY OUT OF POCKET EXPENSES; I WILL ASSUME ALL RISKS OF INJURY OCCURRING TO ME WHILE RENDERING MY SERVICES. AS A VOLUNTEER, I AM NOT COVERED BY WORKER'S COMPENSATION. IT IS ALSO MY UNDERSTANDING THAT A ROUTINE CRIMINAL RECORD CHECK IS MADE ON ALL VOLUNTEERS AND THE RESULTS OF SUCH CHECKS ARE UTILIZED FOR THE SOLE PURPOSE OF EVALUATING THE SUITABILITY OF A VOLUNTEER TO COMMENCE OR CONTINUE PROVIDING VOLUNTEER SERVICES. I UNDERSTAND THAT MEETING THE MINIMUM QUALIFICATIONS TO BECOME A VOLUNTEER SHOULD NOT BE CONSTRUED AS MEETING THE MINIMUM QUALIFICATIONS FOR PAID POSITIONS. I ALSO UNDERSTAND THAT A VIOLATION OF CONFIDENTIALITY CONSTITUTES A MISDEMEANOR CRIMINAL OFFENSE AND I AGREE TO CONSCIENTIOUSLY ADHERE TO THE POLICIES & PROCEDURES OF THE COUNTY OF RIVERSIDE AND THE ASSIGNED DEPARTMENT INCLUDING BUT NOT LIMITED TO CONFIDENTIALITY POLICY AND CODE OF ETHICS. I HEREBY CERTIFY THAT ALL STATEMENTS MADE ON THIS APPLICATION ARE TRUE TO THE BEST OF MY KNOWLEDGE. I DO NOT HAVE PROPERTY INTEREST IN THE POSITION AND MY VOLUNTEER SERVICE IS AT WILL. I RECOGNIZE THAT I CAN BE REMOVED FROM THE POSITION AT ANY TIME, WITHOUT CAUSE AND WITHOUT THE RIGHT TO AN ADMINISTRATIVE REVIEW OF MY REMOVAL.

VOLUNTEER SIGNATURE: _____ DATE: _____

PARENT/CARETAKER SIGNATURE: _____ DATE: _____

RELEASE FORM FOR MEDIA RECORDING

I, _____, the undersigned, do hereby grant or deny permission to Riverside County Community Health Agency/Department of Animal Services to use my image as marked by my selection(s) below. Such use includes the display, distribution, publication, transmission, or otherwise use of photographs, images, and/or video taken for use in materials that include, but may not be limited to, printed materials such as brochures and newsletters, videos, and digital images such as those on the Department of Animal Services web site.

Grant permission to use my image and/or name in the following ways:

- Unrestricted usage: I give unrestricted permission for my image to be used in print, video, and digital media. I agree that these images may be used by the Department of Animal Services for a variety of purposes and that these images may be used without further notifying me. I will not be compensated for use of these images.
- Deny permission to use my image at all.

Signature _____ Date _____

Please check any or all of the boxes if you would like to donate to offset the costs of your participation in the volunteer services program.

- | | | |
|--------------------------|---------------------|------------|
| <input type="checkbox"/> | Background Check | \$45.00 |
| <input type="checkbox"/> | T-Shirt | \$12.00 |
| <input type="checkbox"/> | Badge | \$ 5.00 |
| <input type="checkbox"/> | Volunteer Supplies | Any Amount |
| <input type="checkbox"/> | Additional Donation | Any Amount |
| <input type="checkbox"/> | Opt Out | |

We thank you for your support.
