



**City of Friendswood
Police Department Animal
Control Section Volunteer
Program Application**

Name: _____

Address: _____

City/State/Zip: _____

Home Number: _____ Alt. Number: _____

Driver's License #: _____ Expiration Date: _____

Email: _____ Date of Birth: _____

Emergency Contact Information:

Name: _____

Address: _____

City/State/Zip: _____

Home Number: _____ Alt. Number: _____

VOLUNTEER EXPERIENCE

Please list any current or previous volunteer activities: _____

Why do you wish to volunteer with the City of Friendswood Animal Control (e.g. gain school credit, court mandated service, indulge a hobby, give back to the community, etc.)? _____

Special skills you have to offer to the volunteer program: _____

Have you ever been convicted of, or pled guilty to, or received deferred adjudication for any criminal offense (misdemeanors and felonies) within the last seven (7) years? YES _____ NO _____ If yes, explain on back of page.

Days and Times Available to Volunteer

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
AM							
PM							

Release and Waiver. If I am retained by the City, I hereby agree to release and forever discharge and hold harmless, defend and indemnify the City, its officers and employees, from any and all liability, claims, and demands of whatever kind or nature, either in law or in equity, that may now or hereafter arise from my activities with the City of Friendswood's Animal Shelter.

I understand that this Waiver and Release discharges the City from any liability or claim that I may have against the City with respect to any bodily injury, personal injury, illness, death or property damage that may result from my activities with the City of Friendswood's Animal Shelter, whether caused by the negligence of the City, its officers, employees, agents or otherwise. I understand that the City does not assume any responsibility for or obligation to provide financial assistance or any other assistance, including but not limited to medical, health or disability in the event of injury or illness.

Furthermore, I do hereby release and forever discharge the City, its officers and employees, from any claim whatsoever that may now or hereafter arise on account of any first aid, medical treatment, or medical service rendered in connection with my activities at or in connection with the City's Animal Shelter, or the decision by any representative or agent of the City to exercise the power to consent to medical treatment.

Applicant's Signature