

# Portales Police Department

Pat Gallegos Chief of Police



## Volunteer Profile

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

**Are you 18 or older?** Yes or No

**Have you ever been convicted of animal abuse?** Yes or No

**Why do you want to volunteer with the Portales Animal Shelter?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Have you had any formal education/training in pet care or animal welfare?**

Where: \_\_\_\_\_ When: \_\_\_\_\_ Type of education/training: \_\_\_\_\_

**Have you done any other volunteer work?**

Where: \_\_\_\_\_ When: \_\_\_\_\_ Type of work performed: \_\_\_\_\_

**What days and times can you volunteer?**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

**Do you have any allergies or conditions that might affect your volunteer work?** Yes or No

If yes, please describe: \_\_\_\_\_

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Do you have a valid driver's license? Yes or No

Please list two personal or business references:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

Please list a contact in case of an emergency:

Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

Contact Phone#: \_\_\_\_\_

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If accepted as a Portales Animal Shelter volunteer, you will be required to abide by the terms of our Volunteer Agreement. The agreement below details what will be expected of you and what you can expect from the Animal Shelter.

If accepted as an Animal Shelter Volunteer, my signature below indicates that I have read, understand and agree to the following:

- I acknowledge that I am more than eighteen (18) years old and of sound mind.
- I will treat all animals and other volunteers with respect and I will work as a team member with all volunteers.
- I will abide by all Portales Animal Control policies and procedures and follow the directions/instructions of the Animal Control Supervisor.
- I agree to be supervised by the appropriate Animal Control Officers and will report any problems that arise directly to the appropriate Officers or Supervisor.
- I understand the possible risk of bringing home illnesses from the Shelter to personal pets or vice versa and must have current vaccinations for animals at home.
- I understand the potential safety risks of working with animals and that I may not bring friends or relatives with me while working at the shelter facility.
- I understand that I may be injured and suffer as a result of my volunteer activities. This includes but is not limited to dog bites, scratches, communicable illnesses or pests contracted from animals.
- I am current on my tetanus vaccination and covered by a health insurance plan.
- I agree to work a minimum of three months unless I am removed or terminated from the program. I understand that the Portales Animal Shelter relies on me to be present for all of my scheduled shifts. If I am unable to fulfill my regularly scheduled shift, I understand that it is my responsibility to notify the shelter as soon as possible.
- I authorize the Portales Animal Shelter to seek emergency medical treatment for me in case of accident, injury or illness.
- I agree to indemnify and hold harmless the City of Portales, the Portales Animal Shelter, its officers, agents, employees, and assigns from and against any and all liability whatsoever arising out of or related to my duties under this agreement or for any negligent act or omission by the Portales Animal Shelter, officers, agents and employees.
- If I fail to abide by the terms of this Agreement or am otherwise unable to meet the requirements of the volunteer program, which are subject to change by the Portales Animal Shelter from time to time, I understand that I will be terminated from the program. I also understand that I may at any time be removed from my position as a volunteer at the sole discretion of the Animal Control Supervisor, Portales Police Lieutenant or Chief of Police.
- I agree that I will not rescue any animal as a stray or seek to place any animal in the Portales Animal Shelter without prior authorization from the Animal Control Supervisor.

Signature: \_\_\_\_\_

**SUBSCRIBED AND SWORN TO** before me, the undersigned Notary Public, this \_\_\_\_ day of \_\_\_\_\_, 2017 by \_\_\_\_\_.

(SEAL)

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public