

Volunteer Application

Thank you for your interest in Volunteering at the Oak Ridge Animal Shelter! Please answer all questions as accurately and honestly as possible.

To qualify for volunteering, you must:

- Be 18 years or older and have a valid driver's license or identification card stating your current address.
 - If you are under 18, then a parent/guardian must fill out an application also and be always present with you.
- Pass a local criminal background check
- All answers on the application must be completed and be legible. You may request an online application if necessary for legibility.

Please note: We reserve to right to refuse volunteering to anyone. Please be advised that we will not allow persons to volunteer who mislead or fail to provide accurate information on this application. You will be notified if your application has been approved. Please note, being approved as a volunteer does not necessarily mean you are approved to adopt and vice versa. Writing must be legible

Name (Last, First, Middle): _____ Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Mailing Address (If Different than above address): _____

Home phone: _____ Cell phone: _____

Spouse/Partner Name: _____

Email Address: _____

DOB: _____ ID/Driver's License #: _____ State: _____

Are any of your relatives employed by the City of Oak Ridge? Yes No

If so, please list below:

Have you ever been employed by the City of Oak Ridge? Yes No

If so, please list your positions.

Have you ever been **convicted of violating any law including minor traffic offenses**? If so, please describe below (when, where, what charge, age at time of conviction)

Volunteer Information

Why do you want to volunteer? _____

Describe your comfortability around animals:

- I have pets of my own, I love animals!
- I have never had a pet, so I would love to learn how to care for them
- I have owned pets, but my current lifestyle does not allow me to, so I want to volunteer
- I have previous volunteer experience.
 - o Where: _____
- I have professional experience:
 - o Explain: _____

Please sign:

The following statements are true to the best of my knowledge:

Signature: _____ Date: _____

EMERGENCY MEDICAL INFORMATION

Emergency contact name: _____

Emergency contact phone#: _____

Emergency medical information: _____

Do you have any emergency medication: yes no

If so, what _____

Comments/Major medical concerns: _____

Volunteer Signature:

Date: _____

**Friends of Oak Ridge Animal Shelter
(FORAS)
Volunteer Contact Information**

We do a quick orientation (about 30 minutes) for all new volunteers to familiarize you with the shelter. Orientations are held a few times a month, usually on Tuesdays or Saturdays. If neither day works in your schedule, then we are flexible to work with you.

You will be notified via text message when your application is approved, so we can schedule an orientation date. Please provide your name and phone number, so the volunteer coordinator can message you.

Name: _____

Phone number: _____

If you prefer to receive a phone call or email, then please fill out this additional information:

Phone number (call): _____

Email address: _____

RELEASE OF LIABILITY

I, _____, for valuable and sufficient employment by the City of Oak Ridge, Tennessee, for myself, my heirs, executors, and administrators, hereby remise, release, and forever discharge the City of Oak Ridge, Tennessee, of and from any and all manner of action or actions, cause or causes of actions, suits, liability for personal injury or death or damages incidental thereto, including, but not limited to, medical bills, life earnings, pain and suffering, claims and demands whatsoever, in law or equity, which against the City of Oak Ridge or its employees, agents or representatives I have had, now have, or which I may have on account of my taking and participating in volunteer employment given by the City of Oak Ridge, and anything incidental thereto, or which my heirs, executors, or administrators hereafter can, shall or may have, for or by reason of any manner, cause, or thing whatsoever, from this date forward.

Furthermore, I realize the potential danger and hazard in the aforementioned volunteer employment, and anything incidental thereto, and therefore I hereby assume all risks and dangers to both my health and life, regardless of the nature or method of creation of such risks and dangers, and hereby bind my heirs, executors, administrators, and assigns to said assumption.

It is my intent in agreeing to the above provisions that neither the City of Oak Ridge nor any of its employees, agents, or representatives be held liable or be required to expend any money for any reason whatsoever in regard to my participation, involvement, or connection with the volunteer employment or anything incidental thereto.

Volunteer Signature _____ Date _____

**Volunteers in Police Services
City of Oak Ridge, Tennessee
RELEASE OF INFORMATION AUTHORIZATION**

I, (PLEASE PRINT NAME) _____, the undersigned do hereby authorize my former schools, colleges, universities, my former employers or any other party to release any and all transcripts or my grades, records of employment, documents, reports, evaluations, and other information concerning me, whether personal or otherwise, to the City of Oak Ridge and its representatives. I hereby authorize all local, state, and national law enforcement agencies to release any and all information pertaining to my arrest history and status to the City of Oak Ridge. This information is to be provided in connection with my application for volunteering with the police department. Further, I do hereby agree to waive any privileges that I may have said information furnished pursuant to this authorization. Reproduced copies of the authorization are a valid as the original copy.

Signature Date: _____

Street Address (include city, state, and zip code)

Date of Birth

Social Security Number

Driver's License Number and State