



VOLUNTEER APPLICATION

Jackson Animal Care Center



Name: _____ Date of Birth _____ Age _____

Address: _____ City _____ State _____ Zip _____

Home phone _____ Cell Phone _____

Email _____ Driver's License # _____

Emergency Contact Name / Phone _____

Have you volunteered here before? YES NO

Do you want to become a Regular Program Volunteer?

Are you volunteering for School / Church / or Work? _____ If yes, include name of school, etc.

Are you volunteering for Court or Mandated Hours? _____ If yes, describe:

What days and times are you available to volunteer?

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
TIME						
TIME						

What skills, or past experience, do you have that would be useful at JACC?

List any condition that might limit physical activity: _____

I will Volunteer for the following areas:

Dog or Cat caregiver (clean, feed, groom, play, socialize, walks).

Training (trains basic behaviors)

Fundraisers: (must be 21+). i.e. Work with any of our fundraising events

Community volunteer: (Creating educational programs, handouts, school programs)

Adoption Events (assist in shelter events adopt-a-pet days, Petco/Petsmart on Saturdays)

I would be willing to provide a Foster home for animals

Other: _____

Volunteer Signature _____ Date _____

Parents Signature _____ Date _____

(If under 18 years of age)

Parent's Complete Address: _____

JACKSON ANIMAL CARE CENTER

WAIVER OF LIABILITY AND AGREEMENT TO INDEMNIFY

I understand that I am volunteering for the Jackson Animal Care Center, 23 Pinnacle Dr., Jackson, TN. 38301, a department of the City of Jackson, TN., (JACC). As a volunteer, I agree to follow all rules, policies and procedures of JACC. I understand further that certain risks may be associated with performing these volunteer services. I agree to indemnify, defend and hold JACC, the City of Jackson, TN., its officials, agents or employees harmless from any bodily injury or property damage suffered as a result of volunteering within this facility, and I assume all responsibility for my own safety performing these activities. I have read and fully understand the contents of this Waiver of Liability and Agreement to Indemnify. _____

(Initial)

AGREEMENT TO FOLLOW VOLUNTEER DRESS CODE

1. Long pants, or mid-thigh to knee length shorts only, are permitted
2. Close-toes shoes, & shirts, or T-shirts with sleeves, to cover upper torso are permitted
3. Flip-flops, short shorts, tank tops, or bare midriff shirts are NOT permitted.
4. Inappropriate dress may result in being asked to leave.

**ALL VOLUNTEERS MUST CALL TO BE SCHEDULED TO WORK AT JACC
CALL BARBARA WILSON AT (731) 422-7028**

Volunteer Printed Name

Volunteer SIGNATURE

Date

Signature of Parent/Guardian (Required if Volunteer is less than 18 years of age)

Parent/guardian Drivers Lic. # _____ State _____
(If signing for minor)

JACC Representative Signature

JACC Printed Name

Date

**You May Bring the completed form to the Animal
Care Center or email to jacc@jacksontn.gov**