Community Service Application

Salinas Animal Services (SAS) will accept students 16 years of age and older who need to complete community service hours on a limited, as needed basis. Community Service students are required to adhere to all volunteer policies.

Name: ___________________ Date of Birth: ________________
Address: __________________________ City _____________ Zip________
Home Phone: _______________ Cell Phone: _______________ Other Phone: _______________
Parent/Guardian (if minor): __________________________ Phone: _______________
High School: __________________________ Hours Needed: ________________

**Availability** - Please indicate the hours you are available to volunteer (Note: Shelter hours: Tues-Sat 12-5pm)

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<tr>
<th>Hours Available</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
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<tbody>
<tr>
<td>Morning (8-12am)</td>
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<td>Afternoon (12-5)</td>
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**Community Service Policy:**

- Wear long pants and close-toed shoes at all times.
- Sign in and out for each scheduled shift.
- Have reliable transport to and from the shelter according to shelter hours.
- Visitors (friends or family members) are not permitted to accompany a student for the schedule shift.
- Notify SAS staff if unable to make a schedule shift.
- Follow directions of SAS staff and/or ask for assistance if uncertain about a specific task.
- Ask staff for direction/permission prior to starting a new task.

Community Services students will not just be walking dogs or playing with cats to earn their hours. Most of the work will be more on the routine side of things but a huge help to the daily operations of the shelter. These tasks may include: washing/folding laundry, washing/putting away dishes, clean windows, water plants, top off water buckets in kennels, poop scoop outside kennels, re-stock food or litter bins, other tasks as needed.

**If you would like to do your high school community Service hours at SAS, please complete this application, including your and your parent’s signature, and return to SAS. You will be contacted as needed to get your hours done. If you are in a hurry to complete your hours, please make sure you write that at the top of your application.**
Release of Liability

1. In consideration for becoming a volunteer for the Salinas Animal Services department I, the undersigned, voluntarily release, discharge, waive, and relinquish any and all causes of action for personal injury, wrongful death or property damage which might arise from my performing in this capacity.

2. I am aware that volunteering at the Salinas Animal Shelter exposes me to certain hazards including, but not limited to, exposure to animals and damage to me and my property. I am also aware this activity may involve certain risks of possible dangers, including death. I am participating as a volunteer with knowledge of the danger involved and hereby agree to accept any and all inherent risks of property damage, personal injury or death.

3. I understand that I am responsible for my behavior and I hereby personally assume full responsibility for any risk of bodily injury, death or property damage, whether foreseen or unforeseen, arising out of or related to the activities in which I will be participating. I realize that liability may arise from negligence, carelessness or otherwise on the part of the City of Salinas, its officers, representatives and agents; from dangerous or defective equipment, supplies or property owned, maintained or controlled by them; or because of their possible liability without fault.

4. I further understand and acknowledge that the Salinas Animal Shelter is an active and operational facility and that I must assure that my presence does not interfere with the operations of the Shelter. I agree to abide by all rules and regulations established for the Shelter and shall at all times remain only in those areas in which I am permitted.

5. For and in consideration of the opportunity to participate as a volunteer for the Animal Services department, I agree to release, indemnify, defend and forever discharge and hold the City of Salinas and all of its officers, employees and agents harmless from any and all liabilities, demands, claims, suits, losses and causes of action of whatever kind or nature, either in law or in equity, including attorney fees, regardless of fault, to the extent caused by, arising out of, or in connection with my participation as a volunteer.

6. I have read this Release of Liability and am freely signing this document. I fully understand that by signing this Release of Liability I have given up substantial rights and/or remedies that may be available to me against the City of Salinas and/or its officers, employees and agents. I affirm that I have freely and voluntarily signed this Release of Liability without any inducement, assurance or guarantee being made to me.

7. I intend my signature below to be a complete and unconditional release of all liability and for such release to be as broad and inclusive as permitted by the laws of the State of California. The Release of Liability shall be governed and interpreted in accordance with the laws of the State of California and jurisdiction over any disputes shall be had in Monterey County.

8. In the event that any clause or provision of this Release of Liability shall be held invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release of Liability, which shall otherwise be enforceable.

9. In case suit shall be brought to interpret or to enforce this Release of Liability, or because of the breach of any other covenant or provision contained herein, I shall pay for all attorneys’ fees and court costs incurred. City’s attorneys’ fees shall be calculated at the market rate.

This authorization shall remain in full force and effect for so long as I continue to perform services as a volunteer for the Salinas Animal Services department.

________________________________________  ______________________  __________
Printed Name                                      Signature of Volunteer     Date

________________________________________  ______________________  __________
Printed Name of Parent/Guardian                   Signature of Parent/Guardian Date