City of Little Rock

Housing and Neighborhood Programs
Animal Services Division
4500 South Kramer Street
Little Rock, AR 72204
(Office) 501.376.3067   (Fax) 501.376.7856

Little Rock Animal Services
Volunteer Application

General Information

Name: _____   Date: _____

Mailing Address: _____ City:_____ State: _____ Zip: _____

Phone: (Home) _____ (Cell)_____ (Office) _____

Email: _____

Age: _____   All volunteers must be 16 years old unless a parent or legal guardian is present

Driver's License Number: _____ State: _____

Occupation: _____ Employer: _____

Emergency Contact

Name: _____ Relationship: _____

Phone: (Home) _____ (Cell)_____ (Office) _____

Home Address: _____ City: _____ State: _____ Zip: _____

Tell us about yourself

How, or from whom, did you find out about our volunteer program? _____

_____

What led you to want to volunteer at Little Rock Animal Services? _____

_____

Are you currently involved with any program which is promoting that you become active as a volunteer with in the community? ❏Yes   ❏No   If so, what program? _____

Are you most likely to volunteer regularly on weekdays or weekends? _____

Which day of the week do you foresee will be your primary day to volunteer at Animal Services? _____

(Application continued on back....)   **Form A-1**

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What areas of the shelter are you interested in?

❏ Dog Socialization
❏ Cat Socialization
❏ Grooming/Bathing
❏ Lost and Found Files

❏ Off-site Adoption Events
❏ Special Events
❏ Newsletter Articles or Photographs
❏ Fostering cats/kittens or dogs/puppies
    (an additional application will need to be filled out)

As part of our volunteer program, we require all applicants to participate in at least one training class. Are you willing to attend this class?   ❏Yes   ❏No   If no, why? _____

_____

General Agreement

In signing the below, I understand and agree to the following items:

• I agree to attend the first volunteer training session;
• I authorize Little Rock Animal Services to seek emergency treatment in case of accident, injury, or illness;
• I agree to abide by the policies and procedures presented to me at the volunteer training classes;
• As a volunteer for the City of Little Rock Animal Services Division, I understand that I assume all risk associated with my volunteer activities. I am aware that, because I am not a Little Rock city employee, I am not covered by the City's Workers Compensation Insurance. I also understand that, because cities have been granted tort immunity by the State of Arkansas, I have no legal recourse against the City for any injuries or damages caused by the negligent acts of the City's employees or agents committed in their official capacities. (City of Little Rock Volunteer Policy)
• Little Rock Animal Services has my permission to use any and all photographs taken of me to promote services and programs or to publicize any event. I understand that all prints and negatives become sole property of Little Rock Animal Services and may be used without payment or prior notification;
• I can in no way represent Little Rock Animal Services to any form of media and I will direct them to contact an LRAS employee;
• I hereby acknowledge that the information in this application is, to my knowledge, accurate.

_____   _____   _____
Printed Name   Signature   Date

Information for this application was obtained from the San Francisco SPCA volunteer application.   **Form A-1**