



CITY OF BRYAN ANIMAL CENTER VOLUNTEER APPLICATION

Please complete thoroughly.
Type or print legibly in ink and return by mail, fax or email to:

Bryan Animal Center
2207 Finfeather Rd.
Bryan, TX 77801
Fax: (979) 209-5265 E-mail: agarcia@bryantx.gov
Phone: (979) 209 - 5260

Today's Date (mm/dd/yy):		Date available to begin volunteering (mm/dd/yy):	
PERSONAL INFORMATION			
Last Name, First Name, Middle Name:			
Other names used on official records (maiden, alias, etc.):			
Are you at least 18 years of age? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date of Birth (mm/dd/yy):	
Present Address (include City, State, Zip):			
Home Phone #: () () ()	Cell/Other Phone #: () () ()	E-mail:	
Have you previously worked for the City of Bryan? <input type="checkbox"/> YES <input type="checkbox"/> NO		If 'Yes', please provide the following:	
Dates of Employment:		Position/Department:	
Reason for Leaving:			
Have you ever been charged with or have charges pending for an offense that resulted in a conviction, probation, community supervision or deferred adjudication? <input type="checkbox"/> YES <input type="checkbox"/> NO			
(NOTE: This includes DWI, DUI, driving while license suspended, reckless driving and other charges related to driving.)			
If 'Yes', please provide the following information: (If more room is needed, provide on back or attach additional pages.)			
Date (mm/dd/yy)	Nature of Offense	Name of Court	Disposition of Case
IMPORTANT: A conviction record will not necessarily bar you from volunteer work. Factors such as nature of offense, date, and relationship between the offense and the position for which you are applying will be considered. However, a false statement or omission of any information will bar future volunteer work.			
In case of EMERGENCY contact the following:			
Emergency Contact Name:		Relationship:	
Emergency Contact Primary Phone #: () () ()		Emergency Contact Alternate Phone #: () () ()	

VOLUNTEER INFORMATION

Have you volunteered for the Bryan Animal Center before? Yes No If 'Yes', when?

Why would you like to volunteer with the City of Bryan? (Check all that apply)

- | | |
|----------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Court ordered community service | <input type="checkbox"/> School project/credit |
| <input type="checkbox"/> Serve the community | <input type="checkbox"/> Build work skills |
| <input type="checkbox"/> Meet new people | <input type="checkbox"/> Other (please specify) |

What particular area(s) are you interested in volunteering? (Check all that apply)

- | | | |
|--------------------------------------------------|-----------------------------------------------|--------------------------------------------------|
| <input type="checkbox"/> Walking dogs | <input type="checkbox"/> Bathing dogs | <input type="checkbox"/> Off-site adoption days |
| <input type="checkbox"/> Cleaning kennels | <input type="checkbox"/> Clerical/office work | <input type="checkbox"/> Contacting rescues |
| <input type="checkbox"/> Yard maintenance | <input type="checkbox"/> Dog training | <input type="checkbox"/> Picture taking |
| <input type="checkbox"/> Fostering animals | <input type="checkbox"/> Grooming | <input type="checkbox"/> Other (please specify): |
| <input type="checkbox"/> Descriptions of animals | <input type="checkbox"/> Event planning | |

Do you have a certain number of hours that you need to complete? Yes No If 'Yes', how many hours?

Do you have a deadline in which to complete your volunteer work? Yes No If 'Yes', by what date?

Based on your understanding of the Volunteer Program and your areas of interest will you require any special accommodation to participate as a volunteer? Yes No

If 'Yes', what reasonable accommodations would be needed to assist you in this area?

ADDITIONAL INFORMATION

Are you related to any current City of Bryan (or BTU) employee? YES NO

If 'Yes', please provide name, department and relationship:

The City of Bryan (City) Charter prohibits certain relatives of City Councilmembers from being employed by or volunteering for the City. Please read the list below of current City Councilmembers and their spouses and then answer the following question:

Andrew Nelson	Shelley (Hunt) Nelson
Reuben Marin	
Prentiss Madison	Patricia (Thompson) Madison
Greg Owens	Julie (Tschatschula) Owens
Mike Southerland	Tana (Boudreaux) Southerland
Ben Hardeman	Nancy (Pursell) Hardeman
Buppy Simank	Jennifer (Yerrington) Simank

Are you or your spouse related to a City Councilmember or his/her spouse by blood or by marriage? YES NO

If 'Yes', please provide name and relationship:

If 'No', please note that it is your responsibility to inform the City if the situation changes.

VOLUNTEER ACKNOWLEDGEMENT

I understand the City operates the Bryan Animal Center (BAC), a facility that houses animals picked up by animal control personnel/citizens, assists with recovery of lost animals, and finds homes for animals that can be adopted. I understand the City allows volunteers to assist with the operation of the facility in an effort to provide more care, encourage adoption, and reduce rates of euthanasia.

I am aware of the inherent risks associated with working with animals, and while the City takes every reasonable precaution above and beyond the requirements of state law, those risks can never be wholly eliminated. I voluntarily assume full responsibility for any risk of loss, property damage, or personal injury that may be sustained by me, as a result of being engaged in such activity. In consideration for being permitted to volunteer, I hereby release, indemnify, and hold harmless the City, and its officers, servants, agents, or employees from any and all liability, claims, demands, actions, and causes of action (including claims for court costs and attorney’s fees) whatsoever arising out of or related to any loss, damage or injury, including death, that may be sustained by me or to any property belonging to me, whether caused by the negligence of the City or otherwise, while volunteering at the BAC, or while in, on or upon the premises.

I acknowledge that the statements made by me in this application are true and complete to the best of my knowledge, and I understand the contents of the application are subject to verification by the City of Bryan. I understand that any false information, omissions of facts or misrepresentations may disqualify me from volunteer work with the City of Bryan or immediate release from volunteer work. I understand that a criminal history check will be administered as well as verification of any information provided as part of the volunteer process, such as reference checks, driving record checks etc.

In the event that I am placed as a volunteer with the City of Bryan, I understand that I shall be required to comply with all of the City’s rules, policies and regulations. I agree to abide by the standard operating procedures of the BAC, the instructions given by staff of the BAC, and any instructions from other City employees or officers. Specifically, I acknowledge that:

1. Volunteers under the age of 14 must be accompanied by a parent/guardian at all times.
2. Only adult volunteers, or minors over the age of 14 and accompanied by a parent, may physically interact with animals.
3. When at the BAC, volunteers must wear ankle length pants and closed toed shoes.
4. Outside pets are not permitted.

I understand that the City has the right to terminate my services as volunteer at any time, with or without notice and with or without cause. By signing below, I certify that I have read and agree with these statements.

Note: You may mail, e-mail or fax the application; however, a handwritten signature is required. **Be sure to attach a copy of the volunteer’s driver’s license for all volunteers. For any volunteer under 18, parent/guardian’s signature must be notarized or they must be present with an approved volunteer application and a copy of their driver’s license.**

Printed Name of Volunteer

Signature of Volunteer

Date

Required for volunteers under age 18:

Printed Name of Parent/Guardian

Signature of Parent/Guardian

Date

STATE OF TEXAS §
COUNTY OF BRAZOS §

This instrument was acknowledged before me by the above Parent/Guardian on this the ____ day of _____, 20__