



**City of Killeen
Animal Services**

**VOLUNTEER TEAM
MEMBER PACKET**

Turn in Forms to:

**Killeen Animal Services
3118 Commerce Drive, Killeen, TX 76543**

CHECKLIST

- Application Completed
- Read and Sign Volunteer Agreement
- City of Killeen Background Check Form Completed
(Please Initial)
- DPS Form Completed
- Bring in Photo ID
 - Must be state issued ID or Driver's License
- Minimum age to volunteer is 18 years old.

AS A VOLUNTEER, I AGREE: *(please initial)*

- ___ 1. To accept the guidance and decisions of the staff.
- ___ 2. To observe all staff rules and City of Killeen policies and procedures.
- ___ 3. To recognize the function of paid staff, maintain smooth working relationships and stay within the bounds of volunteer responsibilities.
- ___ 4. To complete assignments to the best of my ability.
- ___ 5. To wear appropriate uniform as guided by volunteer coordinator or staff. This may include name badges, specific attire, costume, etc.
- ___ 6. To report on time as scheduled and check in with volunteer coordinator upon arrival to work.
- ___ 7. To sign in and out, ensuring that my volunteer time has been verified and accounted for.
- ___ 8. To inform the volunteer coordinator as soon as possible if unable to keep agreed schedule.
- ___ 9. To act courteously to patrons and employees, positively representing the City of Killeen.
- ___ 10. To maintain the dignity and integrity of the City of Killeen with the public and patron confidentiality.
- ___ 11. I understand that a volunteer is at-will and may be terminated at any time if it is determined to be in the best interest of the City, or if there is a violation of the agreement.
- ___ 12. I understand and agree that the City of Killeen, Animal Services, and their respective agents, employees, officers, directors, and instructors (“the City”) are not undertaking responsibility to oversee these activities, or to guarantee that such activities are free from risk or injury, loss or damage to either persons or property.

Please describe any previous animal, customer service, or special event related experience you have. If you have volunteered at other animal shelters or rescues, please list:

Do you have any affiliations with any other animal shelters or animal groups? If yes, who:

Do you have any special skills that could contribute to your volunteer activities?

Please list anything that would limit your interactions with any specific type of animals (ex: allergies, physical limitations)

DAYS AVAILABLE TO VOLUNTEER:

Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday ___ Saturday ___ Sunday ___

Offsite/Special Events _____

Volunteer Positions Available *(please check areas of interest)*

___ **Animal Care Aide:** Walking, exercising, socializing, and introducing animals to potential adopters. Cleaning kennels and cages, bathing animals, and washing dishes/litter boxes, wash/fold laundry, etc.

___ **Offsite/Special Events:** Helping the Animal Shelter staff at offsite adoption events such as Petco. Duties may include talking to customers, holding animals, walking dogs, cleaning cages, taking photos, etc.

___ **Foster Parent:** Foster homes are always needed for pets who are too young for adoption, puppies/kittens needing to be bottle fed, pregnant/nursing animals, pets with treatable medical issues, etc. **Please ask for additional foster application.*

Volunteer Printed Name: _____

Volunteer Signature: _____

**City of Killeen Animal Services
Release of Claims and Waiver of Liability
Volunteer Application**

I, _____, understand that in participating as a volunteer, I may be required to testify in court proceedings regarding those things I have observed at the City of Killeen Animal Services (COKAS). I also understand that I will be required to abide by the COKAS Policy governing the program(s) and information that I acquire during my time volunteering. I understand that such information may be of a sensitive nature and shall not be divulged to individuals outside of the COKAS. I further understand that I may be handling or come into contact with animals that have been abused or mistreated and there is a possibility that I could be bitten or injured. Furthermore, I understand that I could injure myself while serving in my role of volunteerism. I agree to accept this risk and agree to hold the City of Killeen, the City of Killeen Animal Services, its employees, officials, agents, and representatives harmless from legal liability arising from any injury sustained during the time I am volunteering at COKAS. I further understand and agree that if I am found to be in violation of any of the policy restrictions of the COKAS, I will be removed from the Volunteer Program.

Volunteer Printed Name: _____

Volunteer Signature: _____

City of Killeen Background Check

All volunteers within the City of Killeen agree to a background check prior to beginning volunteer duties.

Acknowledgements (*please initial*):

___ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I am not one who has ever, or currently abuses minors including, but not limited to abusing them sexually.

___ I understand that, if the responsibilities I am assuming involve contact and/or interaction with minors, a condition for accepting the responsibilities is that I do not have a paraphilic diagnosis (e.g. pedophilia, exhibitionism, voyeurism).

Signature

Date

Date of Birth

**DPS Computerized Criminal History (CCH) Verification
(Agency Copy)**

I, _____, acknowledge that a Computerized Criminal
APPLICANT or EMPLOYEE NAME (Please print)

History (CCH) check may be performed by accessing the Texas Department of Public Safety Secure Website and may be based on name and DOB identifiers. (*This is not a consent form, but serves as information for the applicant*). Authority for this agency to access an individual's criminal history data may be found in Texas Government Code 411; Subsection F.

Name-based information is not an exact search and only fingerprint record searches represent true identification to criminal history record information (CHRI), therefore the organization conducting the criminal history check is not allowed to discuss with me any CHRI obtained using the name and DOB method. The agency may request that I also have fingerprint search performed to clear any misidentification based on the result of the name and DOB search.

In order to complete the fingerprint process I must make an appointment with the Fingerprint Applicant Services of Texas (FAST) as instructed online at [www.txdps.state.tx.us /Crime Records/Review of Personal Criminal History](http://www.txdps.state.tx.us/CrimeRecords/ReviewofPersonalCriminalHistory) or by calling the DPS Program Vender at 1-888-467-2080, submit a full and complete set of fingerprints, request a copy be sent to the agency listed below, and pay a fee of \$25.00 to the fingerprinting services company.

Once this process is completed the information on my fingerprint criminal history record may be discussed with me.

(This copy must remain on file by this agency. Required for future DPS Audits)

Signature of Applicant or Employee (optional)

Date

Agency Name (Please print)

Agency Representative Name (Please print)

Signature of Agency Representative

Date

Please:	
Check and Initial each Applicable Space	
CCH Report Printed:	
YES ____ NO ____	____ Initial
Purpose of CCH: _____	
Empl ____ Vol/Contractor ____	____ Initial
Date Printed: _____	____ Initial
Destroyed Date: _____	____ Initial
Retain in your files	

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