



## Boone County Animal Services & Adoption Center

1230 SOUTH APPLETON ROAD  
BELVIDERE, ILLINOIS 61008  
PHONE: (815) 547-7774 / (815) 547-7555  
FAX: (815) 544-8497

# Volunteer Application

The following questions will assist us in deciding where your assistance is most needed and where your activities will have the largest impact on our shelter animals, so please answer them to the best of your ability.

We appreciate your interest in volunteering with our program!

<b>Name:</b>					
<b>Driver's License/ State ID Number:</b>			<b>Date of Birth:</b>		
<b>Spouse's Name:</b>					
<b>Street Address:</b>		<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>County:</b>
<b>If less than 3 years at above address, list previous address:</b>					
<b>Home Phone Number:</b>		<b>Cell Number:</b>	<b>Work Number:</b>		

Do you have any dogs or other pets? Yes\_\_\_\_ No\_\_\_\_

If yes, are your dogs currently rabies vaccinated and registered? Yes\_\_\_\_ No\_\_\_\_

### Volunteer Availability

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY

What volunteer activities would you be interested in? (please circle below)

Dog walking / Fostering / Cleaning Kennels / Dog Training & Socializing /

Assisting with Outreach Events / Assisting with in house adoption events / All of the above



**BCAS VOLUNTEER AGREEMENT / WAIVER**

**I, the undersigned volunteer, desire to do voluntary work for the Animal Services Department of the County of Boone, subject to the rules of the Animal Services Department, as modified from time to time, and under the direction and control of the Animal Services Department staff.**

**In consideration of the opportunity afforded me to participate in the Animal Services problems and situations, the educational and other benefits received by me, and in recognition of the possible danger that I may voluntarily subject myself to, I hereby knowingly, freely and voluntarily assume all reasonable and foreseeable risks related to the Animal Services Volunteer Program, and do hereby agree to indemnify and hold harmless Boone County Animal Services and the County of Boone and its agents, employees, and volunteers, from and against, any and all claims, suits, actions, damages, expenses, judgments and costs, including reasonable attorney's fees, which may arise out of an injury or death of the undersigned's participation in the program and any activities related thereto. Further, I waive and release any and all rights against Boone County Animal Services and the County of Boone and its agents, employees, and volunteers, from and against, any and all claims, suits, actions, damages, expenses, judgments and costs, including reasonable attorney's fees, which may arise out of an injury or death of the undersigned's participation in the program and any activities related thereto.**

**I understand that at no time am I an employee or agent of Boone County Animal Services, the County of Boone, or its agents, employees and volunteers, and that this agreement does not apply to the negligent acts of a third party. I also attest that I meet the requirement of being 18 years of age or older.**

Volunteer's Signature \_\_\_\_\_

Volunteer's Printed Name \_\_\_\_\_

Witness \_\_\_\_\_

Signed this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_