

**DOG/CAT KENNEL – MICHIGAN CITY, INDIANA
VOLUNTEER APPLICATION**

Your full legal name: _____

Address: _____

City, State & Zip: _____

Home phone: _____ Mobile phone: _____

Email address: _____

Date of Birth: _____ Soc. Sec. #: _____

Current Employer: _____

Employer Address: _____

Your occupation: _____

Your highest level of education completed: _____

Do you have criminal charges currently pending against you? Yes _____ No _____

Have you ever plead guilty to or have you ever been convicted of a crime? Yes _____ No _____

If yes, please state the crime(s) committed, the date(s) of said guilty plea/conviction(s), city and state of your conviction(s), and terms of plea agreement or sentence. (If necessary, please attach additional pages.) _____

Times and days you are available to volunteer: _____

Please describe any special skills or interests: _____

Emergency Contact: _____ Relationship to person: _____

Emergency Contact Phone Number(s): _____

Emergency Contact Address: _____

Emergency Contact Email: _____

I hereby certify that all statements made in this application, are true. I understand that any misstatement, misrepresentation, material omission or falsification of facts shall cause forfeiture of all rights to volunteer service with the City of Michigan City, Indiana. I understand that all information on this application is subject to verification, and I agree to allow the Michigan City Police Department to perform a criminal background search on me. I also agree to provide the Michigan City Police Department any additional information relevant to my criminal background as the same may be requested.

I agree to abide by and comply with all rules, regulations, policies and practices of Michigan City. I understand that my volunteer service with the City is at-will, that I have the right to terminate my volunteer service at any time with or without cause, and that the City has the same right. I understand that as a volunteer, I have no job status and no right to employment. I understand that no representative of this employer has any authority to enter into any agreement with me contrary to the policies and practices of the Michigan City. I further understand and agree that I will not receive nor will the CITY provide to me any other benefits which may be available to paid employees, including, but not limited to, health or life insurance, paid vacation, sick leave, or retirement benefits.

I realize that certain areas of governmental business may involve information or documentation which is confidential or which is exempt from public disclosure. I agree, that should I ever receive or otherwise become privy to said information or documentation, that I shall maintain the same in a confidential manner and that I shall not disclose the whole or any segment thereof to any other person or entity.

I understand that while I am working as a volunteer for the City, I am covered under the City's Worker's Compensation Program in the same manner as employees. I certify that I am of sound mind, and that I am over the age of 18 years or if under eighteen (18), my parent/guardian has approved my volunteer service as evidenced by their signature below. I certify that I am physically fit to be able to perform the work assigned. If unable to perform a particular assignment due to any limitations, I will immediately notify the volunteer supervisor to discuss any accommodations that may be necessary.

I understand that if I am approved by the City to perform voluntary services, I will have to execute a Waiver & Release of Liability in favor of the City before I render any volunteer services.

Name (print and signature)

Date

Parent's signature (if under 18 years of age)

Date

**DOG/CAT KENNEL- VOLUNTEER
WAIVER AND RELEASE**

I acknowledge that for good and valuable consideration, including without limitation, the right to volunteer and participate in the care of dogs and cats in the possession of the City of Michigan City, Indiana, that I am also executing a Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement in favor of the City of Michigan City, Indiana, together with any and all agents, officers, instructors, members, representatives, boards, commissions, committees, departments, and employees thereof (hereinafter collectively referred to as "City").

I understand that I am volunteering my services to care for dogs and cats in the possession of the City, and I will not be compensated for my services. I understand that I have the right to terminate my volunteer services at any time, and I should immediately advise the City of the same. In addition, I understand that the City has the right to terminate my volunteer services at any time, with or without cause or justification.

I understand that I may be exposed to certain hazards and/or dangers in caring for dogs and cats, and may subject me to the risk of death, property damage, bodily injury, mental anguish, pain, suffering, and similar or related conditions. I understand the risks and dangers, and I expressly assume the hazards and danger.

I waive, releases, and discharge on behalf of myself, or by any other person or entity acting on my behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, the City from any and all claims or demands therefore on account of injury, loss, or damage to my person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind on account of, growing out of, or which may result from my volunteer services which arise or in the future may arise, including but not limited to all claims or causes of actions arising from an alleged act or omission of the City, including an act of negligence or malfeasance, whether the alleged negligence or malfeasance is claimed to be wholly or partially a cause of any tort or claim covered by this agreement.

I will take all precautions necessary to protect myself against such risks, and that such risks shall be my sole responsibility. I expressly agree to indemnify and hold harmless the City from any and all claims or demands therefore on account of injury, loss, or damage to my person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by the Undersigned, or by any other person or entity acting on his behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from my volunteer services, which arise or in the future may arise, including but not limited to all claims or causes of actions arising from an alleged act or omission of the City, including an act of negligence or malfeasance, whether the alleged negligence or malfeasance is claimed to be wholly or partially a cause of any tort or claim covered by this agreement. I agree to defend the City so that the indemnified parties do not bear any cost or expense arising from any claims that may arise, it is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and costs incurred by the City in defending any claim, causes of action, wrongful death causes of action, or demands.

This Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement shall be construed and enforced in accordance with the laws of the State of Indiana. Should any portion of this Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver and Release.

I am over the age of eighteen (18) years, of sound mind, and have carefully read this Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement and understand and consent to the terms herein. I further declares and represents that no promise, inducement, or agreement not herein expressed has been made to me, and that the terms of this Release are contractual and not a mere recital.

Name (print and signature)

Date

Parent's signature (if under 18 years of age)

Date