



KENDALL COUNTY
ANIMAL CONTROL

Volunteer Application

802 W. John St. Yorkville, IL 60560

630-553-9256

www.co.kendall.il.us/animal-control

Volunteers must be 18 years or older and commit to a minimum of 4 volunteer hours a month. Our volunteer program is NOT for people looking to complete community service or other service hours.

Our volunteer hours are Monday-Friday 9:30 am-12:30 pm, 1:30 pm-4:30 pm & Saturday 8:30 am-1:30 pm. Government holidays, the hours are 9:30 am-12:30 pm. There are no volunteer hours on Sunday.

Name: _____

Address: _____

Home Phone Number: _____ Cell Phone Number: _____

Email: _____ Birthday: _____

Emergency Contact

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Why do you want to volunteer? _____

Are there any medical, physical or other limitations that affect the type of work you are able to do? If so, please describe: _____

Please check all that apply. I am interested in helping with:

Level 1

- | | | |
|---|--|--|
| <input type="checkbox"/> : General Cleaning | <input type="checkbox"/> : Cat socialization | <input type="checkbox"/> : Dog walking |
| <input type="checkbox"/> : Photography | <input type="checkbox"/> : Cat Care & Cleaning | <input type="checkbox"/> : Dog Care & Cleaning |
| <input type="checkbox"/> : Clerical | <input type="checkbox"/> : Dishes | <input type="checkbox"/> : Landscaping |

Level 2 (Completion a minimum of 12 hours of Level 1 and additional training required)

- | | | |
|--|---|---|
| <input type="checkbox"/> : Adoption Events | <input type="checkbox"/> : Special Events | <input type="checkbox"/> : Dog Training |
| <input type="checkbox"/> : Foster Care | <input type="checkbox"/> : Humane Education | <input type="checkbox"/> : Public Relations (limited) |

Please describe any experience working with animals:

Please describe any experience and/or skills that you would like to share with KCAC:

Have you ever been convicted of or plead guilty to a misdemeanor or felony? ___: Yes ___: No

If yes, please describe: _____

You are not obligated to disclose sealed, expunged or impounded records of conviction or arrest pursuant to Section 12 of the Illinois Criminal Identification Act, 20 ILCS 2630/12. Furthermore, a "yes" answer will not automatically disqualify an application for consideration as a volunteer.

Kendall County Animal Control truly appreciates you giving time and effort to help us continue our work in animal welfare. Anything donated on behalf of KCAC becomes the property of KCAC. Compensation will not be provided for any property donated to KCAC and should not be expected. KCAC relies on volunteers like you to donate their time and special skills to help make us a great organization. We ask that you obey the following guidelines when you volunteer to assist us in maintaining the cleanliness and professionalism that make our organization successful.

1. Treat all animals with kindness and respect. KCAC uses only positive reinforcement with dogs and cats in our care. Hitting an animal, using force to make an animal obey, teasing an animal, or harming an animal in any way is forbidden and will lead to immediate termination of the volunteer.
2. Dress appropriately and only wear closed-toed shoes. Always wear a volunteer name badge as this will help identify you to the staff and the public.
3. Follow the direction of KCAC staff at all times. Please direct any questions or suggestions to the Director or KCAC staff.
4. When interacting with the public or staff, always treat people with respect. Abuse of any kind will not be tolerated.
5. While acting as a KCAC volunteer, you must support KCAC policy.
6. If you do not know the answer to a question, refer the individual to a staff member. Volunteers cannot give advice on behalf of KCAC.
7. We must educate, NEVER indoctrinate. It is critical that we provide information and promote open communication and not be judgmental or place our views on someone else.
8. No volunteer may make statements to the media that may be viewed as representative of the opinions and policies of KCAC without prior approval by the Director.

9. While you are volunteering, family members and friends should not be calling or visiting.
10. Use of illegal drugs, alcohol, or being intoxicated while on KCAC premises or conducting KCAC business is strictly prohibited. If you are taking any medications that may impair your ability to perform certain tasks at KCAC, please advise the Director.
11. Notify KCAC if you are convicted of a crime. Failure to report could lead to immediate dismissal of the volunteer.
12. While acting in capacity as a volunteer you may not actively promote or solicit for a business or for your own personal gain.
13. All volunteers are expected to maintain confidentiality of all personal or privileged information that they may be exposed to while working as a volunteer.

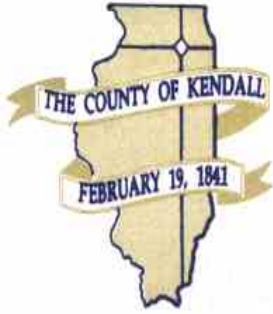
I certify that the information on this application is true, correct, and complete to the best of my knowledge, and I understand that falsified statements on this application shall be grounds for dismissal from the Kendall County Animal Control Volunteer Program. I authorize Kendall County Animal Control to check and verify all information on this application form, including running a background check.

KCAC may withdraw volunteer privileges at any time at the discretion of the Director or their designee.

I understand and agree that I will be a volunteer and not an employee of the KCAC. Because I will not be an employee of the KCAC, I agree that I shall not be paid any wages, receive benefits or receive any other compensation that is paid to KCAC employees.

Additionally, I hereby give consent to Kendall County Animal Control to use photos/videos of me in future publications and promotions and acknowledge that these photos/videos remain the property of Kendall County Animal Control. Any pictures taken by staff or volunteers on behalf of Kendall County Animal Control becomes the property of Kendall County Animal Control and may used as the organization deems fit. I understand and agree that I shall not receive any compensation for Kendall County Animal Control's possession and/or use of my image in such photos and/or videos.

Signature: _____ Date: _____



KENDALL COUNTY ANIMAL CONTROL

630-553-9256
630-553-1615 Fax
802 John St.
Yorkville, IL 60560

Acknowledgment and Waiver of Liability

Date: _____

Volunteer's Name : _____ Phone: _____

Emergency contact person: _____ Phone: _____

I, _____, understand and agree that Kendall County Animal Control and/or its staff are not responsible for ANY injuries or losses on or off of the premises. I further understand that there are risks of physical injury, and I agree to assume the full risk of any injuries (including death), damages, or loss which I may sustain as a result of any activity involving animals and/or any other activities that I perform as a volunteer for the Kendall County Animal Control. I do hereby fully release and discharge the County of Kendall, the Kendall County Animal Control and their past, present and future board members, elected officials, department heads, insurers, agents, and employees (collectively "Released Parties") from any and all liability (including attorneys' fees and costs), claims and any causes of action from injuries or illness (including death), damages or loss which I, my legal heirs, devisees, agents and assigns may have or which may accrue to me, my legal heirs, devisees, agents, and assigns on account of my volunteering with the Kendall County Animal Control. This is a complete and irrevocable release and waiver of liability. Specifically, and without limitation, I hereby release the Released Parties from any liability, claim or cause of action arising out of the Released Parties' negligence and/or arising out of any act or omission by me. I further agree to indemnify and hold harmless Released Parties against all claims, damages and losses by third parties (including attorneys' fees and expenses) to the extent that such claims, damages and losses arise out of any willful or negligent acts or omissions committed by me at Kendall County Animal Control. In the event of any emergency, I authorize the Released Parties to secure from any licensed hospital, physician and /or medical personnel any treatment deemed necessary for my immediate care and agree that I will be responsible for payment of any and all medical services rendered. The Released Parties are not responsible for any loss or theft of personal property brought to or left at the Kendall County Animal Control and/or at Kendall County Animal Control events. This Acknowledgment and Waiver of Liability shall remain in effect until I provide written notice of revocation in writing to the Kendall County Animal Control Director. By signing below, I acknowledge that I am signing this Acknowledgment and Waiver of Liability voluntarily, and I intend my signature to be a complete and unconditional release of liability. I have read and fully understand each and every provision of this Acknowledgement and Waiver of Liability set forth above, including permission to secure medical treatment and the release of all claims.

Signed: _____

Witness : _____

KCAC Staff Member : _____

CRIMINAL BACKGROUND CHECK &/OR MOTOR VEHICLE RECORD AUTHORIZATION FOR EMPLOYMENT OR VOLUNTEERING

PLEASE PRINT LEGIBLY

I, _____ authorize the County of Kendall, Illinois and the Kendall County Human Resources Department ("Kendall County") to complete a Background Check through the Illinois State Police Criminal History Information Response Process, **and/or** a Motor Vehicle Record Investigation on me through Alliant Mesirow Insurance Company (MVR **NOT** required for Volunteers) and/or employees where driving a Kendall County vehicle is not an essential function of their position.)

I hereby authorize any person or agency to release any and all information necessary for Kendall County to complete the above-referenced investigation. I certify that I will not hold Kendall County, its respective past, present, and future Board Members, Elected Officials, Department Heads, Judges, Deputies, Employees, Agents, and Assignees liable in any way in connection with this investigation.

I understand and agree that, to the extent permitted by applicable state and federal laws, falsification of any information provided by me or the results of the Criminal Background Check and Motor Vehicle Record Investigation may be immediate grounds to deny my employment or volunteer application, or may result in my immediate dismissal as an employee or volunteer with Kendall County.

EMPLOYEE/VOLUNTEER FIRST NAME (Please print)	EMPLOYEE/VOLUNTEER LAST NAME
EMPLOYEE/VOLUNTEER SIGNATURE	DATE
COUNTY DEPARTMENT OR ELECTED OFFICE	AUTHORIZATION FOR EMPLOYMENT OR VOLUNTEER?

PERSONAL DATA

FIRST NAME	MIDDLE	LAST NAME
EMAIL:	DATE OF BIRTH	
HOME ADDRESS		
CITY, STATE, ZIP	PRIMARY PHONE NUMBER	
DRIVER'S LICENSE NUMBER	STATE OF ISSUE	
ADDRESS ON DRIVER'S LICENSE	CITY, STATE, ZIP	
EMERGENCY CONTACT NAME	EMERGENCY CONTACT PHONE NUMBER	

Date Form Received in Human Resources Department _____/_____/_____

Initials _____

_____ Date Sent to Alliant Mesirow _____/_____/_____

Date Report sent to Department Head _____/_____/_____