



**County of Los Angeles  
Department of Animal Care and Control**



Dear Volunteer Candidate:

Thank you for contacting us about our volunteer program. We currently have approximately 400 volunteers throughout our six Los Angeles County Animal Care Centers. We receive over 90,000 animals per year at our shelters, so you can see that we need many more volunteers to help us care for the animals while they are waiting for their new homes.

To get you started as a **volunteer**, you must be at least 16 years of age and be able to commit at least 3 hours per week for a minimum of 9 months. If this works for you, please complete the attached documents and mail or fax them back to the volunteer office at the addresses listed below. Read the instructions on the Employment Eligibility Verification Form, then fill out only Section 1 and provide a copy of the acceptable documents. We require a signed and completed application and you must attend an orientation before you can volunteer at any Department function. If you are applying as a youth volunteer (ages 16 and 17), you must have your parent or guardian sign your application form. Please also attach a photocopy of your ID. Once your application is received, we will contact you to schedule you for one of our orientations. You will be provided with a Policies Manual for volunteers that you are responsible for reviewing.

During the three-hour orientation/training class you will be provided with a Volunteer Policies Manual that we will review. You will also learn about safety around animals on a slide show presentation. Please bring an original copy of the completed attached documents with you to the orientation class along with a photocopy of your ID. You will also be required to purchase a volunteer t-shirt during the volunteer orientation class for \$10 (sizes S - XXL). Optional sweatshirts are available for \$13. We have provided you with some of the more commonly asked question that may help you decide if you want to become a shelter volunteer. Please read them carefully and if you still have questions, please don't hesitate to call our volunteer office at (562) 256.1367.

Thank you and we look forward to meeting you at one of our orientation classes.

Volunteer Office  
County of Los Angeles  
Department of Animal Care & Control  
5898 Cherry Avenue  
Long Beach, CA. 90805  
562.256.1367 (Office) \* 562-422-3187 (Fax)  
<http://animalcare.lacounty.info>

# COMMON QUESTIONS

**Q: How old do I have to be to volunteer at one of your six shelters?**

A: Volunteers must be at least 16 years old prior to attending the volunteer orientation.

**Q: Do I have to have my own insurance to volunteer?**

A: Volunteers are strongly encouraged to have their own insurance coverage; however the County of Los Angeles does provide some insurance benefits.

**Q: How many hours am I required to volunteer per day, week, month, or year?**

A: We request (and the animals need you) for two to three hours per week (8-12 hours per month) for a minimum initial commitment of 9 months.

**Q: If I can't go into the shelter because it's too sad for me, what can I do to help?**

A: Some people find it difficult to visit our shelters, so we have other opportunities, such as fostering animals that need extra TLC, orphaned animals, etc. Volunteers can also help out at off-site adoption events. Please call us for more information about the programs that we can offer.

**Q: Do all of the animals find new homes that come into your shelters?**

A: Unfortunately no, not all animals that come into our six Animal Care Centers are adoptable. Some are aggressive and would be a risk to public safety or other animals, some are so sick that they cannot be treated and some have extensive injuries that we are not able to remedy. The adoption rates vary from shelter to shelter.

**Q: Do I need to purchase special equipment to volunteer?**

A: Our volunteers are required to purchase a \$10.00 volunteer shirt that must be worn at all times when you are volunteering at one of our shelters or at one of our many off-site adoption events. Shirt sizes come in small to double extra large. We also offer sweatshirts for \$13.00 that come in the same size options (optional).

**Q: Who will train me on how to work with the dogs or the cats?**

A: Your first training session will take place at the volunteer orientation where you will learn about dog and cat behavior and signs to look out for while you are working with the animals. More extensive training will take place at the shelter that you select to work with. Each shelter has a Shelter Volunteer Liaison that will provide the additional training or arrange for it with other employees or sometimes experienced seasoned volunteers.



**COUNTY OF LOS ANGELES  
DEPARTMENT OF ANIMAL CARE & CONTROL  
VOLUNTEER APPLICATION**



COUNTY OF  
LOS ANGELES  
ANIMAL CARE  
AND CONTROL

Check One:  Adult (18 years or older)  \*Youth (Ages 16-17)

**SECTION 1: PERSONAL INFORMATION**

LAST NAME	FIRST NAME	DATE OF BIRTH	AGE
ADDRESS		CITY	STATE ZIP
E-MAIL ADDRESS		EMPLOYER	
HOME PHONE ( )	CELL PHONE ( )	WORK PHONE ( )	

\* Signature required of legal parent/guardian or sponsored agency, if applicant is under 18 years of age:

SIGNATURE of LEGAL PARENT/GUARDIAN	RELATIONSHIP	PHONE # ( )
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Have you, as a juvenile or adult, ever been convicted, fined, imprisoned, or placed on probation or suspended, or have you forfeited bail in connection with any offence (except for traffic tickets which involved faulty equipment, parking, hand signals or speeding) in any civil or military court of law? Include convictions dismissed under Penal Code 1203.4 and any major traffic offenses resulting in a warrant.

Yes  No If yes, please explain: \_\_\_\_\_

**SECTION 2: EMERGENCY CONTACT**

LAST NAME	FIRST NAME	RELATIONSHIP
HOME PHONE ( )	CELL PHONE ( )	WORK PHONE ( )

**SECTION 3: \*MEDICAL INSURANCE COVERAGE**

INSURANCE COMPANY	POLICY #
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\* Volunteers are strongly encouraged to have their own medical insurance coverage. If you do not have Medical Insurance coverage, you may still become a member of our volunteer team.

**SECTION 4: LICENSES/CREDENTIALS**

Do you have any special licenses or credentials that would be beneficial to the Department? yes no

If yes, please list: \_\_\_\_\_

**SECTION 5: VOLUNTEER INTEREST**

Indicate the shelter location, days, and times where you will primarily volunteer:

<input type="checkbox"/> DOWNEY	<input type="checkbox"/> CARSON	<input type="checkbox"/> BALDWIN PARK	MON	TUE	WED	THU	FRI	SAT	SUN
<input type="checkbox"/> LANCASTER	<input type="checkbox"/> CASTAIC	<input type="checkbox"/> AGOURA	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM	<input type="checkbox"/> AM
			<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM	<input type="checkbox"/> PM

PLEASE SELECT THE DUTIES YOU ARE INTERESTED IN DOING DURING YOU VOLUNTEER SERVICE

<input type="checkbox"/> Dog Companion	<input type="checkbox"/> Grooming	<input type="checkbox"/> Community Adoptions	<input type="checkbox"/> Administrative Services
<input type="checkbox"/> Cat Companion	<input type="checkbox"/> Foster Care	<input type="checkbox"/> Animal Photographer	<input type="checkbox"/> Owner Surrender Counselor
<input type="checkbox"/> Adoption Counselor	<input type="checkbox"/> Shelter Host	<input type="checkbox"/> Animal Health Liaison	<input type="checkbox"/> Disaster Services (extensive training required)

**SECTION 6: EXPERIENCE & SKILLS**

Why did you decide to become a volunteer with this Department?	
List any other animal welfare agencies you have volunteered for.	
List any organizations or animal rescue groups that you are involved with.	
List your experience in owning or caring for animals.	

Please check all experience or skills you have that will be beneficial in your volunteer service:

- |   |   |   |  |
|---|---|---|--|
| <input type="checkbox"/> Exercising/Handling Dogs   | <input type="checkbox"/> Bathing/Grooming | <input type="checkbox"/> Licensed RVT/DVM     | <input type="checkbox"/> Medical Support     |
| <input type="checkbox"/> Fundraising/Event planning | <input type="checkbox"/> Handling of Cats | <input type="checkbox"/> Kennel Care/Cleaning | <input type="checkbox"/> Wild/Exotic Animals |
| <input type="checkbox"/> Public Relations/Marketing | <input type="checkbox"/> Website Design   | <input type="checkbox"/> Pet Assisted Therapy | <input type="checkbox"/> Foster Care         |
| <input type="checkbox"/> Professional Dog Trainer   | <input type="checkbox"/> Photography      | <input type="checkbox"/> Other: _____         |  |
| <input type="checkbox"/> Customer Service/Clerical  | <input type="checkbox"/> Administrative   | _____   |  |

**SECTION 7: UNIFORM STANDARDS**

**VOLUNTEER SHIRTS AND PHOTO BADGES MUST BE WORN AT ALL TIMES DURING YOUR VOLUNTEER SERVICE.**

T-Shirt Sizes	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	*\$10 each	Quantity _____	*Please do not send any money now. Your shirts will be available for purchase at your orientation.
Sweatshirt Sizes	<input type="checkbox"/> S	<input type="checkbox"/> M	<input type="checkbox"/> L	<input type="checkbox"/> XL	<input type="checkbox"/> XXL	*\$13 each	Quantity _____	
Signature:					Today's Date:			

**FOR OFFICE USE ONLY**

**SECTION A: INTAKE INFORMATION**

DATE RECEIVED	<input type="checkbox"/> US Mail	<input type="checkbox"/> Fax	<input type="checkbox"/> E-mail	<input type="checkbox"/> In Person	NOTES
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**SECTION B: ORIENTATION & ASSIGNMENTS**

<input type="checkbox"/> C-1	<input type="checkbox"/> C-3	<input type="checkbox"/> C-4	<input type="checkbox"/> C-5	<input type="checkbox"/> C-6	<input type="checkbox"/> C-7	<input type="checkbox"/> Shirt	<input type="checkbox"/> ID	<input type="checkbox"/> Manual	Orientation date & location
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**SECTION C: TRAINING PLAN**

<input checked="" type="checkbox"/> Orientation _____	<input checked="" type="checkbox"/> Sexual Harassment _____
<input checked="" type="checkbox"/> Discrimination _____	<input type="checkbox"/> Behavior Assessment _____
<input type="checkbox"/> Chameleon _____	<input type="checkbox"/> Animal Photography _____
<input type="checkbox"/> Pet Grooming _____	<input type="checkbox"/> Rescue Networking _____
<input type="checkbox"/> Foster care _____	<input type="checkbox"/> Off-Site Adoptions _____
<input type="checkbox"/> Neonatal care _____	<input type="checkbox"/> Adoption Counseling _____
<input type="checkbox"/> SEMS Intro _____	<input type="checkbox"/> Kennel Maintenance _____
<input type="checkbox"/> ICS-100 _____	<input type="checkbox"/> Animal Handling _____
<input type="checkbox"/> ICS-200 _____	<input type="checkbox"/> Pet Assisted Therapy _____
<input type="checkbox"/> ICS-700 _____	<input type="checkbox"/> Veterinary Assistant _____
<input type="checkbox"/> ICS-800 _____	<input type="checkbox"/> _____
<input type="checkbox"/> Vet Assistant _____	<input type="checkbox"/> _____

**SECTION D:**

<b>VOLUNTEER LIAISON</b>	Today's Date
<input type="checkbox"/> Form I-9	<input type="checkbox"/> Dog Companion
<input type="checkbox"/> Shelter tour	<input type="checkbox"/> Cat Companion
<input type="checkbox"/> Shelter Host	<input type="checkbox"/> Kennel Cards
<input type="checkbox"/> Microchips	<input type="checkbox"/> Shelter Safety
<input type="checkbox"/> Authority (CC)	<input type="checkbox"/>
<input type="checkbox"/> Clerical duties	<input type="checkbox"/>
I hereby certify that this volunteer has successfully completed all required initial training requirements and can begin volunteer services with LACDACC.	
Signature _____	ID # _____

COUNTY OF LOS ANGELES  
Department of Animal Care and Control  
**VOLUNTEER SERVICE AGREEMENT**

Name of Volunteer: \_\_\_\_\_  
(Please print your full name)

By signing below, I acknowledge receipt of this agreement. I furthermore agree to comply with all of the following policies and procedures:

- Adhere and abide by all department policies and procedures as outlined in the volunteer manual.
- Participate in all mandatory volunteer training and/or required volunteer meetings.
- Understand the function of shelter employees and the role of the volunteer within the department and to follow the proper chain-of-command as outlined in the volunteer manual.
- Fulfill my listed volunteer duties as written in the job description in a proficient, professional and timely manner, including maintaining an accurate record of hours worked in the volunteer log, and to maintain confidentiality of shelter business.
- Arrive promptly for scheduled assignments and provide ample advance notice to the shelter staff if I'm unable to report for duty or if I'm going to be late in arriving.
- Adhere to the volunteer dress code and wear my county-issued ID at all times while in the performance of my volunteer duties, and to use assigned equipment in an appropriate and safe manner at all times.
- Provide in writing concerns, issues or complaints to the shelter volunteer liaison and/or shelter manager and to accept their guidance, evaluation and decision.
- Report to the Shelter Volunteer Liaison (SVL) or the OIC any conditions at the shelter which you feel are unsafe: frayed electric cords, slippery surfaces, tripping hazards, poor lighting, etc.
- Before contacting print, audio, or visual media regarding activities at the shelter, I must obtain approval from the shelter manager to determine if the matter relates to a public concern or is a matter protected by privacy laws, and if the shelter's mission would be compromised by the communication.
- Provide advance notice to the SVL with any change of personal information (i.e. name, address, phone, e-mail, medical insurance, driver license) and to maintain personal medical insurance coverage as described in the volunteer manual and to report any changes to the SVL.
- Immediately report any injury that occurs during my volunteer service to the officer-in-charge (OIC) and to complete any injury associated forms that are required to be completed.
- Obtain written permission from a parent/guardian, if volunteer is under the age of 18 years of age.
- Provide advance notice to the SVL for any anticipated long absences or resignation. In the case of resigning, complete the volunteer resignation form and surrender volunteer ID.
- Defend and hold the County of Los Angeles, Department of Animal Care and Control harmless for any injuries, loss or damages which may occur during my volunteer service career.

I understand that I can be discharged from my volunteer duties for violation of any of the above rules, policies or procedures. As a volunteer, I understand that I may discontinue my services with or without reason, and that the County of Los Angeles Department of Animal Care and Control reserves the right to release any volunteer without reason.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (ages 16-17)

\_\_\_\_\_  
Date

**VOLUNTEER PHOTO RELEASE**

I hereby agree that the photographs and/or video images taken of me during my volunteer services may be used in perpetuity by the County of Los Angeles, Department of Animal Care and Control (DACC), for the purposes of publicity, education, fundraising, recruitment, or otherwise promoting the mission of and activities of the department. I understand that I will receive no name recognition or monetary compensation for the use of said photograph and/or video footage and that this agreement will remain binding and have legal effect regardless of whether my association with the DACC continues.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (ages 16-17)

\_\_\_\_\_  
Date

**VOLUNTEER RELEASE OF LIABILITY and AGREEMENT to INDEMNIFY**

In consideration of being permitted to perform volunteer services with the County of Los Angeles, Department of Animal Care and Control, herein after referred to as the DACC, the UNDERSIGNED for himself/herself and his/her heirs and representatives voluntarily and knowingly execute this document and expressly waives any and all rights, claims and causes of actions including, without limitation, those involving bodily injury or property to the Undersigned or the Undersigned's family while the Undersigned is engaged, directly or indirectly in performing volunteer services for the DACC.

The Undersigned hereby agrees to indemnify, defend and hold the DACC, its employees, volunteers and directors harmless from any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action brought against the DACC, jointly or individually, for bodily injury or property damaged suffered as a result of the Undersigned's negligent, reckless or willful act, omission in the performance or failure to perform his/her volunteer services.

This liability release form is executed without any reliance upon any representation by any person and the Undersigned has carefully read and understands the contents of this release form and executes the same as his or her own free act. The Undersigned acknowledges and understands that as a volunteer he/she is NOT covered by the Workers Compensation, (Labor Code 3352 (I), Workers Compensation Benefits) or any other insurance policy for any damages or injuries sustain during my volunteer services.

In the event that any of the terms, conditions, and/or covenants in this release form is held to be invalid, such invalidity shall not affect any terms, conditions and/or covenants contained herein which shall remain in full force and effect.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent/Guardian (ages 16-17)

\_\_\_\_\_  
Date

COUNTY OF LOS ANGELES  
DEPARTMENT OF ANIMAL CARE AND CONTROL

**FORM I-9 INFORMATION**

Prospective Volunteer:

Effective, November 1, 2003, the U.S. Department of Justice requires that all prospective volunteers must complete **Form I-9** before they can join our volunteer team (see attached Form I-9).

The purpose of Form I-9 is to establish that you are legally eligible to work in the U.S. This also covers volunteers who may receive training, skills learned or education.

Please complete Section 1 only of Form I-9 and provide the document(s) required (see backside of Form I-9), which requires you to present evidence of **Employment Eligibility Verification**. This completed document must be reviewed and accepted as valid before you can begin your volunteer career with our department. Produce one document from List A. If you can't produce a document from List A, then you must produce one document from List B and one from List C.

Thank you for your understanding and cooperation.

U.S. Department of Justice PID: \_\_\_\_\_

Immigration and Naturalization Service

**Employment Eligibility Verification**

Please read instructions carefully before completing this form. The instructions must be available during completion of this form. ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work eligible individuals.

Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because of a future expiration date may also constitute illegal discrimination.

**Section 1. Employee Information and Verification.** To be completed and signed by employee at the time employment begins.

Print Name: Last	First	Middle Initial	Maiden Name
Address (Street Name and Number)		Apt. #	Date of Birth (month/day/year) __/__/____
City	State	Zip Code	Social Security #
I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.		I attest, under penalty of perjury, that I am (check one of the following):	
		<input type="checkbox"/> A citizen or national of the United States <input type="checkbox"/> A Lawful Permanent Resident (Alien # A _____) <input type="checkbox"/> An alien authorized to work until __/__/____ (Alien # or Admission #)	
Employee's Signature			Date (month/day/year)

**Preparer and/or Translator Certification.** (To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.

Preparer's/Translator's Signature	Print Name
Address (Street Name and Number, City, State, Zip Code)	
Date (month/day/year)	

**Section 2. Employer Review and Verification.** To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number and expiration date, if any, of the document(s).

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date (if any): __/__/__		__/__/__		__/__/__
Document #: _____				
Expiration Date (if any): __/__/__				

**CERTIFICATION – I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on (month/day/year) \_\_/\_\_/\_\_\_\_ and that to the best of my knowledge the employee is eligible to work in the United States. (State employment agencies may omit the date the employee began employment.)**

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name	Address (Street Name and Number, City, State, Zip Code)	Date (month/day/year)

**Section 3. Updating and Revivification.** To be completed and signed by employer.

A. New Name (if applicable)	B. Date of rehire (month/day/year) (if applicable)
C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment eligibility.	
Document Title: _____ Document #: _____ Expiration Date (if any): __/__/__	
I attest, under penalty of perjury, that to the best of my knowledge, this employee is eligible to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.	
Signature of Employer or Authorized Representative	Date (month/day/year)

## LISTS OF ACCEPTABLE DOCUMENTS

List A	List B	List C
Documents that Establish Both Identity and Employment Eligibility	Documents that Establish Identity	Documents that Establish Employment Eligibility
<i>OR</i>		
<ol style="list-style-type: none"> <li>1. U.S. Passport (unexpired or expired)</li> <li>2. Certificate of U.S. Citizenship (<i>INS Form N-560 or N-561</i>)</li> <li>3. Certificate of Naturalization (<i>INS Form N-550 or N-570</i>)</li> <li>4. Unexpired foreign passport, with <i>I-551 stamp</i> or attached <i>INS Form I-94</i> indicating unexpired employment authorization</li> <li>5. Permanent Resident Card or Alien Registration Receipt Card with photograph (<i>INS Form I-151 or I-551</i>)</li> <li>6. Unexpired Temporary Resident Card (<i>INS Form I-688</i>)</li> <li>7. Unexpired Employment Authorization Card (<i>INS Form I-688A</i>)</li> <li>8. Unexpired Reentry Permit (<i>INS Form I-327</i>)</li> <li>9. Unexpired Refugee Travel Document (<i>INS Form I-571</i>)</li> <li>10. Unexpired Employment Authorization Document issued by the INS which contains a photograph (<i>INS Form I-6888</i>)</li> </ol>	<ol style="list-style-type: none"> <li>1. Driver's license or ID card Issued by a state or outlying possession of the United States provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.</li> <li>2. ID card issued by federal, state or local government agencies or entities, provided it contains a photograph or information such as name, date of birth, gender, height, eye color and address.</li> <li>3. School ID card with a photograph</li> <li>4. Voter's registration card</li> <li>5. U.S. Military card or draft record</li> <li>6. Military dependent's ID card</li> <li>7. U.S. Coast Guard Merchant Mariner Card</li> <li>8. Native American tribal document</li> <li>9. Driver's license issued by a Canadian government authority</li> </ol> <p style="text-align: center;"><b>For persons under age 18 who are unable to present a document listed above:</b></p> <ol style="list-style-type: none"> <li>10. School record or report card</li> <li>11. Clinic, doctor or hospital record</li> <li>12. Day-care or nursery school record</li> </ol>	<ol style="list-style-type: none"> <li>1. U.S. social security card issued by the Social Security Administration (<i>other than a card stating it is not valid for employment</i>)</li> <li>2. Certification of Birth Abroad issued by the Department of State (<i>Form FS-545 or Form DS-1350</i>)</li> <li>3. Original or certified copy of a birth certificate issued by a state, country, municipal authority or outlying possession of the United States bearing an official seal</li> <li>4. Native American tribal document</li> <li>5. U.S. Citizen ID Card (<i>INS Form I-197</i>)</li> <li>6. ID Card for use of Resident Citizen in the United States (<i>INS Form I-179</i>)</li> <li>7. Unexpired employment authorization document issued by the INS (<i>other than those listed under List A</i>)</li> </ol>
<i>AND</i>		

Illustrations of many of these documents appear in Part 8 of the Handbook for Employers (M-274)