



Become a volunteer!

UNDER 18



...Nobody can do everything, but everyone can do something...

Revised: August 2018



ANIMAL CARE AND ADOPTION DIVISION

2400 SW 42nd Street • Fort Lauderdale, Florida 33312 • 954-359-1313 • broward.org/animal

How to Become a Volunteer

(You **MUST** be at least 16 years old to volunteer)

1. Read through the Volunteer Application Packet thoroughly.
2. Complete and sign **all** the forms in the Volunteer Application Packet.
3. Make a clear, legible copy of your photo identification. The following are acceptable forms of identification:
 - Driver License
 - U.S. Passport
 - State ID
 - Student ID (for minor volunteers without a driver license)
4. Bring your completed application and photo ID with you to one of our volunteer orientations. **This is mandatory for all volunteers.** Applications will only be processed for those volunteers that have attended an orientation.

Volunteer Orientation dates are available at:

<https://volunteerbroward.acuityscheduling.com/schedule.php>

Space is limited.

5. Pass a criminal background check. The Volunteer Coordinator will contact you once this has been completed.
6. Complete an interview with the volunteer coordinator for a schedule and placement. Once you have attended an orientation and passed a background check you will be contacted by our Volunteer Coordinator to schedule the interview.

**Thank you for your interest in volunteering at Broward County Animal Care and Adoption.
We look forward to having you on our volunteer team!**



For Office Use Only				
Received			Risk Management:	
Orientation			Approval	Denial
Interview				

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Volunteer Application

Personal Information				
Last Name		First Name		Middle Initial
Home Address			City	State Zip
Home Phone		Mobile Phone		Work Phone
Date of Birth		Email		
Educational Background				
Skills/Interests				
Contact In Case of Emergency				
Name			Relationship	
Home Phone		Mobile Phone		Work Phone
Do you have any pets? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>				
Do you have previous experience caring for animals or providing customer service? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, please describe:</i>				
How did you hear about us? <input type="checkbox"/> TV <input type="checkbox"/> Social Media <input type="checkbox"/> Event <input type="checkbox"/> Newspaper <input type="checkbox"/> Website <input type="checkbox"/> Other : _____				
School Information (If you are seeking community service, please complete this section.)				
Name of School:				
How many hours are you looking to serve?				
Specific projects to complete?				

Availability and Job Preference [Hours of operation: Monday: Closed, Tuesday - Sunday: 11:00 AM – 6:00 PM]

Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							

Would you prefer to work with dogs or cats? Dogs Cats Both

Which volunteer opportunities interest you?

- Customer Services Greeter** — Greeting patrons in either Adoptions lobby or Admissions lobby; completing administrative “front desk” tasks, matching resources to the needs of the citizens and helping with Lost and Found duties.
- Clinic Assistant** — Assist in veterinary clinic with duties as assigned.
- Adoption Counselor** — Assist patrons with adoption and foster process.
- Office Assistant** — Assist with administrative tasks that may be related to fundraising, special events or programs.
- Kennel Assistant** — Assist with the kennel upkeep and food preparation.
- Foster Care Assistant** — Assist coordinator with animals and their paperwork.
- Pet Supermarket Program Assistant** — Assist coordinator with animals in different stores.
- Animal Enrichment Assistant** — *(Must be at least 18 years old to work with dogs)* Provide the animals with their basic needs for physical, social, and mental enrichment during their time at the shelter.
- Pompano Shelter Assistant** — Assist staff with caring for animals throughout all hours of the day.

Please note that although we would love to accommodate all requests, you will be placed based on the needs of the facility.

Thank you for your interest in volunteering with Broward County Animal Care and Adoption Division. Please sign and date your application below. Please also include with your application a clear copy of your current photo identification. We look forward to having you on our volunteer team!

X



Applicant Signature

_____ Date



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As a registered volunteer, you are immediately eligible to be a foster parent.

Your help ensures that more shelter dogs and cats get a chance to live long, healthy lives as a welcomed family member. Because fostering can often be a very time-consuming commitment, please carefully read the instructions and stipulations outlined in this application.

What kind of pets are you interested in fostering? Circle those of interest:

Not at this time

- | | | |
|---|------------|---------------------|
| Newborn kittens who need bottle feeding | Adult cats | Mother with kittens |
| Newborn puppies who need bottle feeding | Adult dogs | Mother with puppies |

Would you like to be added to our foster email distribution list? Yes No

Please read the following provisions carefully:

- I hereby attest that I am a permanent resident of Broward County.
- I am responsible for the safe transport of foster animals to and from ACAD.
- Foster animals are to be physically separated from personal pets to minimize the exposure of personal pets to a foster animal possibly incubating a disease which had not been initially diagnosed. In addition, personal pets must be up to date on all vaccinations prior to fostering.
- I understand that Broward County is not responsible for property damage and/or injuries or illnesses to people or personal pets which may occur from fostering animals.
- Follow up ACAD clinic appointments for vaccinating, de-worming, re-checking and/or sterilizing the fostered animals must be promptly kept.
- The remains of any foster animal that dies while in my care **must** be returned to ACAD for further examination.
- I understand that early return of foster animals prior to completion of service term and prior to them being ready for adoption will result in no volunteer community service hours being awarded.
- Foster animals must be kept indoors unless accompanied outside by foster care provider.
- I certify the information provided in this foster care application is complete and accurate. I will immediately notify ACAD if I am going to move or change my phone number before the change occurs.
- I understand that fostering is not a guarantee of adoption. At all times, the foster pet(s) in my care remain the property of ACAD and must be returned upon demand. Adoption of a foster pet is at the sole discretion of ACAD. Failure to return a foster pet on demand will result in automatic adoption after 3 months of failure to return and/or may result in the issuance of citations.
- I understand that an automatic adoption resulting from failure to return a foster pet on demand has the same consequences and ownership responsibilities as a regular adoption, including but not limited to increased fees for vaccinations and license registration.
- I understand that ACAD is not financially responsible and will not reimburse medical expenses incurred by the foster care provider for medical treatment given to the foster animal(s).



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FOSTER PARENT TERMS AND CONDITIONS

Prior to a pet being released to you as the foster care provider, the County Veterinarian will medically examine each foster pet, de-worm as necessary, treat for flea or tick parasites, and prescribe any required treatments or medications.

It is important to note the following:

- While in your care, foster pets remain the property of ACAD.
- **You may not transfer foster care to another individual, give away or sell the foster pet(s).**
- If you are unable to continue to care for the pet(s), you must return the foster(s) immediately to ACAD.
- Each foster pet must be accounted for at all times.
- If a foster pet dies, the remains **must** be returned immediately to ACAD.
- ACAD shall determine the length of foster type care required for each pet in the foster care program.
- ACAD will provide basic medical care and required medicines to sick or injured foster pets, through the agency clinic, or as may be approved by the County Veterinarian.
- ACAD reserves the right to withhold extensive and prolonged treatment for sick or injured fostered pets, including those with skin diseases, if in the opinion of the County Veterinarian the prognosis may result in pain and suffering and certain death.
- ACAD shall approve the advance scheduling for foster pets requiring sterilization.
- ACAD is not financially responsible for medical expenses incurred by the foster care provider for personal pet medical bills for illness and/or injury from fostering dogs or cats.
- ACAD reserves the right to verify all information provided on the Foster Care Application.
- **ACAD reserves the right to suspend and/or cancel the foster care application at any time and remove the pets from foster care for just cause.**
- **ACAD is not financially responsible for medical expenses incurred by the foster care provider for medical treatment given to the foster dog or cat(s).**

I have read and completed this foster care application thoroughly and truthfully. I have also read and understand the Terms and Conditions of this foster care application.



 Foster Care Provider Signature

Date

Volunteer Coordinator

Date

Office Use Only

[Adult] Person ID: _____ Approved Declined*

*Reason(s): _____



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Student Community Service: Fostering Hours

(Students must be 14 years or older to participate)

EDUCATIONAL INSTITUTIONS ONLY

Name of Student(s) receiving hours: _____

Name of School(s): _____

Age(s): _____

Thank you for helping us save lives! We are counting on students like you to help save these little ones, which includes providing the proper care and attention they need. Fostering is no light task. There are major responsibilities involved and fostering is often a **24 hour, seven day a week responsibility**. So please make sure you and your family are truly **committed** to and **up to the task** before taking a little one home. In addition to daily care and attention, there are a few more responsibilities required below. **Please understand that animal’s lives are at stake in this program and you are the key to ensuring their success.**

Program Requirements:

- All animals fostered must be returned to our Clinic for checkups as often as every two weeks, even if the foster is not sick. _____ (Student), _____ (Parent)
- Contact the shelter or the Foster Coordinator directly if any of your foster animals display any sign of sickness. Examples include: sneezing, sniffing, eye discharge/infection, etc., stops eating or drinking, seems sleepy. _____ (Student), _____ (Parent)

Failure to complete the fostering period or to bring animals back in a timely fashion will result in community service hours not being awarded.

Student Service Hours awarded: **40 hours per foster pet or litter**

NOT APPLICABLE FOR COURT-MANDATED SERVICE

Contact Foster Coordinator for any concerns at: Foster@broward.org

“I hereby acknowledge that if seeking community service hours for my foster service, service hours will only be awarded upon completion of the full term of service and the clinic deems the pets ready for adoption. Early return of foster pets before they are ready for adoption may result in euthanasia and is contrary to the life-saving goals of the foster program. Accordingly, ACAD reserves the right to deny community service hours for early return of foster pets or for return of foster pets in poor condition.”

“If seeking community service hours, I agree to submit my service hour forms to the coordinator in the manner directed at least one week in advance of when I need them signed. I understand every effort will be made by the ACAD staff to return the approved forms on a timely basis and that requests for immediate approval of hours will not be considered.”

Signature _____

Date _____



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Volunteer Standards of Conduct

The following is requested on a voluntary basis. We need the information in order to evaluate the effectiveness of our equal employment opportunity affirmative action plan and it will be used only for research analysis purposes. Information provided on this form will not aid or hinder your chances of being selected.

- 1. Conflict of Interest: Avoiding the appearance or reality of a conflict of interest forms the basis for the County’s ethics policies. Public employment (including volunteering) is not to be used for unauthorized personal gain. Any conflict between personal interests and official responsibility is to be resolved by consciously avoiding possible conflicts or disclosing the basis of a conflict or possible conflict to a supervisor so that, if necessary, decisions can be reviewed or made by others.
2. Accepting or Soliciting Gifts: Volunteers are not to accept or solicit gifts. A “gift” is a thing of value to the recipient and can include such items as a cash payment, loan, gratuity, honoraria, service, favor, or promise of future employment. This policy is not meant to apply in certain situations, such as when: a gift is of nominal value of \$5 or less; a gift is given or exchanged by employees/volunteers on occasions such as birthdays, retirement, marriage, service anniversaries, etc.; a professional or public award is given, reflecting positive performance or community service; a gift is exchanged or given by a relative where a family relationship, rather than business relationship is involved.
3. Code of Ethics: Central to the standard of ethical conduct is the Board of County Commissioners’ policy that no officer, employee or volunteer shall have any interest, financial or otherwise, direct or indirect, or engage in any business transaction, or professional activity or incur an obligation of any nature which is in conflict with the discharge of his/her duties in the public interest. Since the confidence of the citizenry is the very foundation for effective government, even an unfounded appearance of unethical conduct by a public employee/volunteer can significantly impair the capability of Government.
4. Sexual Harassment Policy: It is the policy of Broward County Government that all employees and volunteers should be able to enjoy a work environment free from all forms of prohibited discrimination, including sexual harassment. No employee or volunteer — whether male or female — should be subjected to unsolicited and unwelcomed sexual overtures or conduct, whether verbal or physical. Sexual harassment does not refer to occasional compliments of a socially acceptable nature. It refers to behavior, which is not welcomed, which is personally offensive, which debilitates morale, and which, therefore, interferes with work effectiveness. Such conduct, whether committed by supervisors or non-supervisory personnel or volunteers, is specifically prohibited.
5. Policy Opposing Workplace Violence: Broward County is committed to the goal of maintaining a work environment free from violence or the threat of violence.
6. Equal Opportunity Policy: It is the policy of Broward County to provide equal opportunity in, and equal access to, County Government employment and volunteer opportunity for all qualified persons regardless of race, color, religion, national origin, gender, age, disability, or sexual orientation.

*Copies of Broward County’s full policies are available upon request.

I acknowledge that as a Broward County volunteer, I have a personal and professional responsibility to be aware of the above reference County policies and have been given the opportunity to review and understand these policies. I agree to abide by these policies.

X [Redacted Signature]

Applicant Signature

Date

X [Redacted Signature]

Parent/Guardian Signature (if applicable)

Date



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Volunteer Parental Permission Form

Volunteer Information							
Last Name			First Name			Middle Initial	
Home Address				City		State	Zip
Home Phone				Mobile Phone			
Date of Birth				Email			
Volunteer Position				Location			
Days:	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Time:							
Method of Transportation							
Parent/Guardian Information							
Last Name			First Name			Middle Initial	
Home Address				City		State	Zip
Home Phone			Mobile Phone		Work Phone		
Emergency Contact Name							
Relationship to Volunteer							
Emergency Contact Phone				Emergency Contact Phone (Alternate)			

My son/daughter/ward has my permission to participate in the Broward County Animal Care and Adoption Division Volunteer Program at the above stated location. I am aware of my child’s schedule, possible volunteer job duties and expected rules of behavior and I am in accordance with them. My son/daughter/ward has my permission to sign the Request for Criminal Background Information form, which authorizes Broward County to conduct the required criminal background screening.

X _____
Parent/Guardian Signature

Date



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Release and Waiver of Liability

All parents/guardians or minor children who are applying to volunteer at Broward County Animal Care and Adoption are required to read, agree to, and sign this waiver as part of their child's volunteer application process.

I, _____, parent or legal guardian of _____, do hereby knowingly, freely and voluntarily release, acquit, waive, discharge, and covenant to hold harmless and indemnify the Broward County Board of County Commissioners, any and all of its Departments, Broward County Animal Care and Adoption, its officers, employees, agents, volunteers, and their respective heirs, successors and assigns from any and all liability, claims, causes of action, suits (particularly on account of any injuries, including, but not limited to animal bites/attacks), controversies, contracts, promises, damages, debts, costs, expenses, loss of services, compensations, judgments, executions or demands whatsoever which may be sustained by any person, animal, or property directly or indirectly as a result of my child, _____, volunteering at Broward County Animal Care and Adoption, whether caused in whole or in part by the negligence of the Broward County Board of County Commissioners, and all of its departments, or Broward Animal Care and Adoption, its officers, employees, agents, volunteers or otherwise.

I acknowledge and agree that I:

- (a) fully understand the meaning of this Release and Waiver of Liability, and recognize my right to seek the advice of an attorney before signing;
(b) have signed freely and without any inducement or assurance of any nature;
(c) intend it to be a complete and unconditional release of liability to the greatest extent allowed by law; and,
(d) agree that if any portion of this waiver is held invalid or unconstitutional, only that portion shall be voided and the remainder of this waiver shall continue in full force and effect.

The acceptance of this waiver shall not operate as an admission of liability on the part of anyone, nor as a waiver or bar with respect to any claim that Broward County may have against the undersigned.

The undersigned is aware of the risk of volunteering at Broward County Animal Care and Adoption and hereby assumes all risks and liabilities. The risk and liabilities include those foreseen and unforeseen.

I hereby declare that I have read, understand, and voluntarily accept the terms and conditions of this Release Waiver of Liability.

X [Redacted Signature]
Applicant Signature

Date

X [Redacted Signature]
Parent/Guardian Signature (if applicable)

Date



OFFICE OF PUBLIC COMMUNICATIONS

MODEL AUTHORIZATION AND RELEASE FORM

I, the undersigned, in consideration of the granting of permission by Broward County Government, through the

Broward County Animal Care and Adoption, for my participation in the production/project known as
COUNTY AGENCY

Volunteer, do hereby stipulate and agree as follows:
NAME OF PROJECT

- 1. I hereby grant and authorize the Broward County Commission through its production agents, successors and assignees, including any person acting under its permission and authority, the unqualified right, privilege and permission to reproduce my picture on photographs, film, transparencies, or any other manner or form of reproduction including any voice-overs or video clips from this entry, or the entire video; to use the same for any purpose; including unrestricted use for purposes of publicity or promotion; to copyright or otherwise legally register the same in the name of Broward County or its agents, successors and assignees, if deemed desirable in the sole discretion of Broward County; and to use my name, likeness, biographic or other information concerning me in connection thereto.
- 2. I hereby grant, assign and transfer to Broward County government, or its production agents, successors or assignees, all my rights and interests therein. I, for myself, my heirs, executors, administrators and assignees, hereby remise, release and discharge Broward County, its agents, successors and assignees, for and from any and all claims of any kind whatsoever on account of the use of such photographs of me including but not limited to any and all claims for damages for libel, slander and invasion of the right to privacy.
- 3. I further acknowledge that I am not to receive any financial benefits from the use of my photo in any County publication, video or film.
- 4. The subject child is a minor and as the parent or legal guardian, I consent to the authorization on behalf of child.

X

Applicant Signature

_____ Date

X

Parent/Guardian Signature (if applicable)

_____ Date