



Animal Care & Control of New York City

11 Park Place Suite 805
New York, NY 10007
Phone (212) 788-4000
Fax (212) 442-2066
www.nycacc.org

Dear Volunteers,

Welcome! We've made some very exciting changes to the Volunteer Program. We are anxious to share our new and improved program with you. Once again, we thank you for your patience. We are confident that you will be happy with the results.

The world of animal rescue can be demanding, heartbreaking and exhausting. Most of the time, however, it is so thoroughly gratifying that you can not imagine life without your daily or weekly rescue "fix". We hope that you will find our new program personally rewarding and that you will look forward to each moment that you spend at our facilities.

Our volunteer program is integral to our success. Volunteers donate thousands of hours each year to AC&C in every part of our organization, allowing us to accomplish our mission to help animals. Because of volunteers like you, we are able to dedicate more direct care to the animals we rescue. In turn, this care and socialization prepares them to become valuable members of their future families.

I am always available to listen to your questions, comments or concerns.

On behalf of the entire staff, we thank you so much for your continuing work with us.

Sincerely,

Elisabeth Manwiller

Elisabeth Manwiller
Volunteer Coordinator
Animal Care and Control of NYC



Animal Care & Control of New York City

VOLUNTEER APPLICATION

Thank you for your interest in volunteering with Animal Care & Control of New York City (AC&C).

You must be 18 years old to volunteer with the AC&C adult volunteer program.

Volunteer ID _____

Please type or print your responses clearly.

Personal details:

Name: _____

Street Address: _____

City: _____

State: _____

ZIP: _____

Date of Birth: _____

Email: _____

Home phone: _____

Cell phone: _____

Emergency contact: _____

Emergency phone: _____

Have you attended an Orientation Session? Yes No If yes, what date did you go? _____

Have you been a volunteer with AC&C in the past? Yes No

If yes, when and why did you leave? _____

Why would you like to volunteer with AC&C?

Are you currently enrolled in a school or another program for which you need community service hours? Yes No

If yes, name of school or program: _____

Are you looking to fulfill court appointed hours? Yes No

Do you currently volunteer with any other organizations? Yes No

If yes, please list activities below:

<i>Organization name</i>	<i>Work performed</i>

Do you have experience working with animals? Yes No

If yes, please describe:

Do you require any special accommodation? Yes No If yes, please describe:

Employment:

Current employer:

Office phone:

Work schedule: Full time Part time Shift work May we call you at work? Yes No

Describe the type of work you do:

Please describe any special skills, languages spoken, training or hobbies that may help us at AC&C:

Do you have a valid New York State Driver's License? Yes No

Do you have a car? Yes No

If yes, would you be willing to transport:

Animals

Event supplies

Yes No

Yes No

Areas of Interest:

Please number them in order of interest

Dog companion

Fostering

Greeter

Cat companion

Fundraising

Transporting animals

Grooming

Photos/Bios

Administrative (data entry, clerical)

Off-site events

Graphic artist

Publicity/Events

Adoption counselor

Education/Outreach

Other (please specify):

Please check the days and times you prefer:

Shift times	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
08:00-10:00 AM							
10:00-12:00 PM							
12:00-02:00 PM							
02:00-04:00 PM							
04:00-06:00 PM							
06:00-08:00 PM							

Please number the locations you would like to volunteer at in order of interest:

- Administrative Offices Staten Island Animal Care Center Off-site locations/events
 Brooklyn Animal Care Center Manhattan Animal Care Center Work from remote location only

Volunteers are issued AC&C Volunteer T-shirts and I.D. tags. These *must* be worn when working at Care Centers and off-site events.

Please tell us your T-shirt size preference: S M L XL XXL

How did you learn about our volunteer program?

- Website Friend referral Walk-in
 Other Shelter Other (please specify)

Please return this application to:

AC&C, Volunteer Department, 11 Park Place, Suite 805, New York, NY 10007

Fax to: 212-442-2066

Or email: volunteerinfo@nycacc.org

FOR OFFICE USE ONLY:

Interviewed by:

Date:

Program choice

1st:

2nd:

3rd:

Shift preference

1st:

2nd:

3rd:

Six month commitment?

- Yes No Unsure

Training day/time:

Notes:



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VOLUNTEER AGREEMENT

As a Volunteer for Animal Care and Control of New York City ("AC&C") you will be required to abide by the terms of this Volunteer Agreement. The Agreement below details what AC&C will expect of you and what you can expect from AC&C.

Not every volunteer application will be accepted by AC&C. If accepted as an AC&C Volunteer and in consideration of becoming such a Volunteer, my signature below indicates that I understand and agree to the following:

1. I will abide by all AC&C policies and procedures including those specific to Volunteers.
2. I agree to make a volunteer commitment of at least eight (8) hours per month for six (6) months. I understand that the number of hours I volunteer may vary, depending on which program(s) I participate in but agree to meet the minimum requirements based on the job description of my assignment.
3. I understand that my volunteer work will be supervised and evaluated on a continuing basis.
4. I authorize AC&C to seek emergency medical treatment in case of accident, injury or illness. If I am injured while acting as an unpaid member of the Volunteer staff, I am covered by the AC&C insurance carrier.
5. I hereby fully and completely release AC&C, its' agents, servants, and employees from any and all claims, causes of action or liability arising from any of my activities with AC&C animals, at AC&C events; or in the AC&C shelters and further agree to indemnify and hold harmless AC&C, its' agents, servants, and employees against all claims, causes of action or liability arising from any of my activities with AC&C animals, at AC&C events or in the Care Centers.
6. I will notify the Volunteer Coordinator should I choose to discontinue my volunteer services.
7. If I fail to abide by the terms of this Agreement or am otherwise unable to meet the program requirements, I may be terminated from the program.
8. I understand that I may at any time, without cause, be removed from my position as a Volunteer at the sole discretion of AC&C.
9. I understand that AC&C is a smoke free environment and I agree to abide by this condition.
10. I am over 18 years of age and that I have disclosed any acknowledgement needed.

I UNDERSTAND THAT ANY FALSE STATEMENTS IN THIS APPLICATION OR FAILURE TO ABIDE BY THIS VOLUNTEER AGREEMENT WILL BE GROUNDS FOR MY TERMINATION AS A VOLUNTEER.

Signature of Volunteer

Print name

Date



Animal Care & Control of New York City

VOLUNTEER RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT

Please read carefully before signing. By signing this document, you agree to waive certain legal rights, including the right to sue.

1. I fully understand that as part of my volunteer assignment at Animal Care & Control of NYC that I (or my child, if applicant is under 18) will come into contact with animals either by directly handling them or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched and/or otherwise injured. I freely and voluntarily agree to assume and accept any and all risks of injury in connection with my handling of animals as a volunteer of AC&C. I further agree to release, discharge, indemnify and hold AC&C harmless for all damage to my personal property while performing my volunteer services to AC&C in a voluntary capacity.
2. I hereby waive any claims, demands or causes of action against Animal Care & Control of New York City, its' employees, agents, officers, directors, trustees, volunteers or independent contractors, as well as the New York City Department of Health and Mental Hygiene and The City of New York (collectively, "AC&C") and further agree to release AC&C from any and all legal liability to me and my family members for any loss, damage to person or property, including my own personal property, injury, or expense to me or my family members as a result of my handling of animals as a volunteer of AC&C, due to any cause whatsoever (including any and all claims based on negligence or any other legal theory), accepting for myself the full responsibility for any and all such losses, damages, injuries or expenses which may result.
3. I understand that I am strongly urged to obtain a current tetanus vaccination to protect myself should I be cut, scratched, or otherwise injured in such a way that a tetanus infection could threaten my health.
4. I understand that I am required to meet privately with my Volunteer Coordinator to discuss any physical conditions or special accommodations that I have or require, and any medications I may be taking affecting blood clot function or immune systems. This would include conditions such as, but not limited to, taking blood thinners, aspirin therapy, autoimmune diseases, HIV, hepatitis, chemotherapy or immune system suppressants. In special circumstances, AC&C may require a release from my physician in order to best protect me from injury.
5. In the event of my death or incapacity, this Agreement shall be effective and binding upon my heirs, next of kin, executors, administrators, assigns, and representatives.
6. In entering into this Agreement, I am not relying upon any oral or written representations or promises of AC&C.

I HAVE READ AND UNDERSTOOD THIS AGREEMENT, AND I AM AWARE THAT BY SIGNING THIS AGREEMENT I AM WAIVING CERTAIN LEGAL RIGHTS, INCLUDING THE RIGHT TO SUE AC&C.

Signature of Volunteer

Print name

Date

Signature of Parent if Volunteer is under the age of 18

Print name

Date

Photo Release: I agree to allow pictures of myself to be used, without compensation, for the purpose of promotion and publicity related to AC&C.

Signature of Volunteer

Print name

Date



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NONDISCLOSURE AGREEMENT

In consideration of my employment or continued employment with **Animal Care & Control of NYC**, (“the Company”), I agree as follows:

1. **Confidential Information.** I acknowledge and agree that I will have access to and will come into contact with and learn Confidential Information, which is the sole property of the Company. This information relates both to the Company and any persons, firms, corporations or other entities which are or become customers, or are prospective customers, of the Company, as well as any persons, firms, corporations or other entities which are or become suppliers, or are prospective suppliers, of the Company. Such Confidential Information includes, but is not limited to, all information (written, oral, photographs, or in any other form), computer programs, software, formulas, data, Donor lists, Chameleon, customer and animal information (e.g., the circumstances under which an animal was turned into AC&C, background and any status (medical, health or other) of the animal, background and information on the person who may have turned in an animal to AC&C), inventions and techniques, business plans, product ideas, marketing concepts, financial information and projections, pricing plans and strategies, customer lists, employee lists or any other information regarding the Company’s business that is not generally known to the public. I acknowledge that all of the aforesaid Confidential Information is not available to the general public from directories or other public sources, but has been developed, acquired or compiled by the Company at its great effort and expense.

2. **Non-Disclosure of Confidential Information.** I acknowledge and agree that my disclosing, divulging and/or revealing (whether in writing or verbally), posting on line, sending information via email or print or other use or disclosure of any such Confidential Information, other than in connection with the Company’s approved and authorized business, will be highly detrimental to the business of the Company and serious loss of business and pecuniary damage may result there from. Accordingly, I specifically covenant and agree to hold all of such Confidential Information and any documents containing or reflecting the same in the strictest confidence, and I will not, both while I am volunteering with the Company or at any time thereafter, without the prior written consent of a Director or Officer of the Company or his/her Designated Agent, disclose, divulge or reveal to any person whomsoever, or use for any purpose other than for the exclusive benefit of the Company as approved in advance, any Confidential Information whatsoever, whether contained in my memory or embodied in writing or other physical form. Further, I specifically covenant and agree to deliver to the Company, immediately upon cessation of my status as a volunteer or at any time the Company so requests, any and all Confidential Information and any other Company property which I may then possess or have under my control.

3. **Conflict of Interest.** I acknowledge and agree that I may not use my position, influence, knowledge of Confidential Information or Company assets for personal gain. A direct or indirect financial interest, including joint ventures in or with a supplier, vendor, customer or prospective customer, without disclosure and written approval from an Officer or Director of AC&C is strictly prohibited and constitutes cause for dismissal.

4. **Employment At Will.** I understand that this Agreement is not an employment agreement. I agree that my position as a volunteer with the Company is for no specified term, and may be terminated by the Company at any time, with or without cause, and with or without notice. Similarly, I acknowledge that I may terminate my volunteer status with the Company at any time, with or without cause, and with or without notice.

IN WITNESS WHEREOF, the undersigned has executed this Agreement acknowledging that he/she has read and understands this Agreement.

Signature

Date

Name - please print

Witnessed by Designated Representative of AC&C (signature)

Representative of AC&C (print)