



VOLUNTEER APPLICATION

**Thank you for your interest in volunteering at the ASCMV!
Please complete the attached Volunteer Application. Once complete:**

Scan your application to email to our Volunteer Coordinator
at emuir@las-cruces.org

OR

Hand deliver your application to ASCMV front office staff
at 3551 Bataan Memorial West

OR

Mail your completed application
to 3551 Bataan Memorial West ATTN: Volunteer Coordinator

The Mission of Animal Services Center of the Mesilla Valley is to provide safe shelter for all lost, mistreated, and abandoned animals of the Mesilla Valley and surrounding communities. ASCMV utilizes all avenues available to it in placing each animal into a safe, loving, and permanent home whenever possible. We strive to meet the highest standards of humane animal care to promote responsible pet ownership through public education and outreach.





Volunteer Application

Name: _____
First Middle Initial Last

Phone Number: _(_____)_____

*Email Address: _____

*Must be an email address that is managed regularly and consistently.

1. Are you over the age of 18? Yes If *No, what is your age _____ *Volunteers must be at least **16 years old** and have a parent/guardian/sponsor over the age of 18 years old willing to volunteer with them while completing their volunteer work at the ASCMV

Enter name of parent/guardian who will be volunteering with you if under 18: _____

***Completed volunteer application and consents for parent/guardian or sponsor over the age of 18 must accompany this application if volunteer applicant is under 18 years of age**

2. Are you volunteering on behalf of another organization or for school? If so, who? _____

***Volunteer hours are not counted toward any Court Ordered Community Service Programs**

3. Please choose an area of interest from the following list:

- Dog Team
- Cat Team
- Office Team
- Community Outreach Team
- Weekend Off Site Adoption Events
- Laundry/Dish/Cleaning Attendant

Please list any areas of interest not listed above that you feel would benefit the ASCMV:

Are you interested in fostering? _____ If yes, please see our Front Office Staff to complete the Foster Application

4. How long are you planning to volunteer for the ASCMV? **ASCMV is looking for volunteers who can commit to volunteering for at least the next 6 months.**

From: _____ To: _____

Comments: _____





5. Do you have any experience as a volunteer, including this shelter? No Yes

If yes, with what organization? _____

6. Are you a member of any animal welfare organizations? No Yes, - Which? _____

7. Do you have any convictions pertaining to criminal offense that resulted in imprisonment? No Yes

If yes, please explain: _____

8. Do you have any medical issues, allergies, or disabilities that might limit your physical activity at the animal shelter?

No Yes, - How might your activity be limited? _____

9. What is your T-Shirt size? _____

10. Please complete the attached **Volunteer Agreement** and **Liability Release Form** to complete your application.

*If under 18, parent/guardian must also sign **Release by Parent/Legal Guardian** on last page of application as well as submit their own completed application.

Emergency Contact: _____ () _____
Name Phone #

What to expect after submitting your completed application:

Our Volunteer Coordinator will contact you to follow up on your application, once your application is approved, you will receive an email with an invitation to ASCMV New Volunteer Orientation.

We appreciate your patience and look forward to seeing you soon!





Volunteer Agreement

In consideration of this opportunity to volunteer at the Animal Service Center of the Mesilla Valley (Center), I _____, agree to the following terms and conditions, and understand that I am legally bound by them.

- _____ *Initial* - I understand that any unauthorized disclosure of ASCMV proprietary or confidential information, including email to the media, other organizations, or persons is strictly prohibited, and grounds for immediate release from ASCMV.
- _____ *Initial* - I understand that ASCMV reserves the right to terminate this Volunteer Agreement at any time for any reasons it sees fit.
- _____ *Initial* - I understand that my services are provided on a volunteer basis without pay or compensation of any kind and that all services will be performed at my own risk.
- _____ *Initial* - I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of ASCMV.
- _____ *Initial* - I agree to treat all animals, fellow volunteers, ASCMV staff and the public with dignity and respect.
- _____ *Initial* - I authorize ASCMV to contact the emergency contact on the Volunteer Application and seek emergency medical care in case of an accident, injury, or illness.
- _____ *Initial* - I understand ASCMV reserves the right to verify all the information on the Volunteer Application.
- _____ *Initial* - I have read and fully understand the above stated terms and conditions and agree to abide by the mission, rules, regulations and policies of ASCMV. I further understand that my failure to follow ASCMV and its established policies and procedures can result in my dismissal as a volunteer.

*Applicant Signature _____ *Date _____





Liability Release Waiver

• I, _____ (your name), agree to release, discharge, indemnify, and hold harmless the Animal Service Center of the Mesilla Valley (hereinafter "ASCMV") for any and all damage to my personal property and or self while performing my volunteer services to ASCMV in a volunteer capacity.

• _____ *Initial* - I recognize that in handling animals, cleaning grounds or other forms of volunteer services at ASCMV (or special events locations in conjunction with but not on the property of ASCMV,) there exists a risk of injury. On behalf of myself, my heirs, personal representative and executors, I release ASCMV and employees from all claims, causes of action or demands and releases ASCMV from any nature of cause there of. (Including out of pocket expenses due to replacement of property, costs from attorney's fees or court costs in connection with any part of my volunteer services.

• _____ *Initial* - I understand that public relations are an important part of volunteering at ASCMV. I therefore agree, on behalf of heirs, my personal representatives, executors, to allow ASCMV to use any photographs, videos, DVD, or other visual representations taken of me for use in public relation efforts without payment. ASCMV will use this form as a photograph's release for public relations purposes.

*Applicant Signature _____ *Date _____

Release by Parent or Legal Guardian (Required of volunteers 17 years of age and younger)

• I, _____, as a parent or legal guardian of _____, hereby give my consent to allow my child/ward to volunteer services for the ASCMV as described within this Volunteer Agreement/Liability release waiver.

• _____ *Initial* - I have read this Volunteer Agreement/liability release waiver and fully understand the terms and conditions listed. On behalf of my child/ward, and myself I agree to all terms and conditions as set out in this volunteer application/liability release waiver.

*Parent/Guardian Signature _____ *Date _____

