

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 aquinn@ascmv.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 ar	n email address that is managed regularly and co	onsistently.
	guardian/sponsor over th	*No, what is your age *Volur ne age of 18 years old willing to volur	nteers must be at least <mark>16 years old</mark> nteer with them while completing their
Enter name of parer	nt/guardian who will be vo	olunteering with you if under 18:	
	eer application and cons olunteer applicant is und		over the age of 18 must accompany
2. Are you volunteerii	ng on behalf of another o	rganization or for school? If so, who? _	
*Volunteer hours are	e not counted toward an	y Court Ordered Community Service	Programs
3. Please choose an a	rea of interest from the fo	ollowing list:	
Dog Walking	Dog Enrichment	Cat Care	Laundry and Dishes
Dog Bathing	U Weekend Off Site	e Adoption Events 🛛 🗌 Front Office	e Helper
Please list any areas c	of interest not listed above	e that you feel would benefit the ASCN	MV:
Are you interested in	fostering? If y	ves, please see our Front Office Staff to	o complete the Foster Application
	blanning to volunteer for t 6 months for at least 4 h	_	unteers who can commit to volunteering
From:		То:	
Comments:			
		ASCMV.org	Updated February 2020

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5. What days of the week are you available?

6. What is your preferred method(s) of contact for updates and upcoming volunteer events?					
Email Call Text Social media (Face Book/Instagram)					
7. Do you have any experience as a volunteer, including this shelter? 🗌 No 🗌 Yes					
If yes, with what organization?					
8. Are you a member of any animal welfare organizations? 🗌 No 📄 Yes, - Which?					
9. Do you have any convictions pertaining to criminal offense that resulted in imprisonment? 🗌 No 🛛 Yes					
If yes, please explain:					
10. 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?					
11. What is your T-Shirt size?					
12. 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:					
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!					
ASCMV.org Updated February 2020					

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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 ASCMV reserves the right to deny an application without an explanation/reason.
- _____ *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.
- <u>Initial</u> 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______ *Date______ ASCMV.org 3551 BATAAN MEMORIAL WEST, LAS CRUCES, NM • 575-382-0018



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 thereof. (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		*Date
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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
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