



## Volunteer Protocol

Welcome to the family of volunteer for the Brownsville Animal Regulation & Care Center (BARCC)! We consider your participation a priceless gift to the lost and homeless animals put in our care. We must have a volunteer form on file for each person volunteering, with parental signature for minors. All volunteers must be 16 years of age or older.

### We Are Counting on You

We need to be able to plan work schedules ahead of time. Because of this, we ask that you call our office at (956) 544-7351 to inform us of the date and time you plan to volunteer. If you have promised to be at the shelter at a specific time, please take this obligation seriously. Other people and animals are depending on you. If you are unable to come; please call our office to give us as much advance notice as possible. We need time to find a substitute for you. Our shelter staff clean kennels all morning and feed in late afternoon, so all volunteers are asked to work between the hours of 1:00 pm – 4:00 pm, for no more than two hours at a time.

### Be Prepared

The best shoes are tennis or walking shoes. The floors are often wet because we are constantly cleaning, and tennis or walking shoes will prevent you from slipping. Dogs like to jump and play, so even though shorts may be cooler, **wearing long pants** will save your legs from getting scratched.

### Let Us Know

If you notice sores, fleas, ticks, limping, diarrhea or any other problems with the animal, please tell one of the shelter staff. If you are injured in any way, again please advise a staff member as soon as it happens. If you have any questions, please do not hesitate to ask. We consider all questions about animals important!

### Getting Started

As soon as you arrive, sign the volunteer log-in sheet, at the front desk. When you leave, sign out on the same line. We have a refrigerator you may use for water or soft drinks. Because the office is usually such a busy place, we ask that you take your breaks in the lounge or outside, if the weather permits. Please be aware our phone lines are almost in constant use and we ask that volunteer use the phones at the shelter for emergencies only.

**THANKS FOR YOUR HELP!!**



## Volunteer Letter

Dear Volunteer,

You have requested volunteer status with the Brownsville Animal Regulation & Care Center (BARCC). This is a generous undertaking and we thank you for performing this community service. We ask that all volunteers be no younger than 16 years old. Also, we require that all volunteers call in to the shelter prior to coming into work, that way our shelter staff can schedule them.

It had been our experience that many people do not realize that their time at the shelter will be spent performing work. First you must wear appropriate clothing and shoes. Also, please be aware our phone lines are in almost constant use and we ask that volunteers use phone for emergencies only.

We hope that you will come to know that even if a person must endure some discomfort while helping a needy fellow creature; there is no greater reward in life than to give of oneself!

Please fill in the request information below and return this form to the shelter office.

Once again, thank you!

Sincerely,

Brownsville Animal Regulation & Care Center Supervisor

|  |                                |               |
|--|--------------------------------|---------------|
| _____<br>Volunteer's Name (print)                              | _____<br>Volunteer's Signature | _____<br>Date |
| _____<br>Address   | _____<br>Phone Number          |               |
| _____<br>Parent or Guardian's Signature (if under 18 yrs. Old) | _____<br>Date                  |               |

*Person to contact in case of an emergency:*

|               |                   |                       |
|---------------|-------------------|-----------------------|
| _____<br>Name | _____<br>Relation | _____<br>Phone Number |
|---------------|-------------------|-----------------------|





## City of Brownsville Volunteer Application

**VOLUNTEER ELIGIBILITY REQUIREMENTS**

- ❖ Must reside in the State of Texas within 90 days
- ❖ Must be 16 years of age or older (with parental/guardian consent)

Name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street Apartment/Unit

\_\_\_\_\_ City State Zip Code

Daytime Telephone: \_\_\_\_\_ Evening Telephone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

List other names which you are known by: \_\_\_\_\_

Are you 16 years of age or older? Yes \_\_\_\_\_ No \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Do you drive? Yes \_\_\_\_\_ No \_\_\_\_\_ License # \_\_\_\_\_ State \_\_\_\_\_

Why do you wish to volunteer for the City of Brownsville?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How did you hear of this volunteer opportunity?  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously submitted an employment or volunteer application with the City of Brownsville? Yes \_\_\_\_\_ No \_\_\_\_\_



List days and hours available:

| Days      | Hours | Days     | Hours |
|-----------|-------|----------|-------|
| Monday    |       | Friday   |       |
| Tuesday   |       | Saturday |       |
| Wednesday |       | Sunday   |       |
| Thursday  |       |          |       |

List any special skills, licenses, certifications, trade, awards, publications, or other relate item:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> Accounting          | <input type="checkbox"/> Fund-Raising      | <input type="checkbox"/> Public Speaking       |
| <input type="checkbox"/> Clerical            | <input type="checkbox"/> Internet Research | <input type="checkbox"/> Receptionist          |
| <input type="checkbox"/> Computers           | <input type="checkbox"/> Law Enforcement   | <input type="checkbox"/> Statistical Research  |
| <input type="checkbox"/> Customer Service    | <input type="checkbox"/> Library Research  | <input type="checkbox"/> Translation/Languages |
| <input type="checkbox"/> Database Management | <input type="checkbox"/> Microsoft® Office | <input type="checkbox"/> Typing WPM            |
| <input type="checkbox"/> Desktop Publishing  | <input type="checkbox"/> Office Equipment  | <input type="checkbox"/> Writing/Editing       |
| <input type="checkbox"/> Graphic Design      | <input type="checkbox"/> Photography       | <input type="checkbox"/> Other                 |

**General Background Information:**

You are authorizing the City to conduct a criminal history investigation of your record. This investigation will disclose your complete criminal history including all arrest data.

Have you ever been convicted of a felony?

- Yes       No

Have you ever been convicted of any violation of the law?

- Yes       No

Have you ever been subjected to a deferred adjudication on a felony or misdemeanor charge?

- Yes       No

If you answered 'YES' to any of the above questions, please explain in concise detail in the box below, indicating the dates and nature of the offense, the name and location of the court and the disposition of the case(s).

***A conviction may not disqualify you, but a false statement or failure to disclose may.***

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The City of Brownsville is an equal opportunity employer and does not discriminate on the basis of race, color, gender, religion, age, sexual orientation, national or ethnic origin, disability, marital status, veteran status, or any other occupationally irrelevant criteria. The City of Brownsville promotes affirmative action for minorities, women, disabled persons, and veterans.

If special accommodations are necessary please contact the Human Resource Department at 956-548-6037.

I hereby affirm that the information provided on this application and resume (if attached) is true and complete to the best of my knowledge, and understand that falsified information or significant omission(s) may disqualify me from further consideration for any City of Brownsville volunteer opportunities.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent/ Guardian must sign if under the age of 18.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return all completed and signed applications to:

City of Brownsville  
Human Resource Department  
1001 E. Elizabeth St. 4th Floor  
Brownsville, TX 78520

|  |
|--|
| HR Office Use Only:<br><br>Received: _____ |
|--|

**THE CITY OF BROWNSVILLE'S  
ACCIDENT WAIVER AND RELEASE OF LIABILITY FORM**

Name of the Activity or Event: \_\_\_\_\_

Date of Activity or Event: \_\_\_\_\_

I HEREBY ASSUME ALL OF THE RISKS OF PARTICIPATING AND/OR VOLUNTEERING IN THIS ACTIVITY OR EVENT, including by way of example and not limitation, any risks that may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained, or controlled by them, or because of their possible liability without fault.

I certify that I am physically fit, have sufficiently prepared or trained for participation in the activity or event, and have not been advised to not participate by a qualified medical professional. I certify that there are no health-related reasons or problems which preclude my participation in this activity or event.

I acknowledge that this Accident Waiver and Release of Liability Form will be used by the event holders, sponsors, and organizers of the activity or event in which I may participate, and that it will govern my actions and responsibilities at said activity or event.

In consideration of my application and permitting me to participate in this event, I hereby take action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

(A) I WAIVE, RELEASE, AND DISCHARGE from any and all liability, including but not limited to, liability arising from the negligence or fault of the entities or persons released, for my death, disability, personal injury, property damage, property theft, or actions of any kind which may hereafter occur to me including my traveling to and from this event, THE FOLLOWING ENTITIES OR PERSONS: The City of Brownsville and/or their directors, officers, employees, volunteers, representatives, and agents, the activity or event holders, activity or event sponsors, activity or event volunteers;

(B) I INDEMNIFY, HOLD HARMLESS, AND PROMISE NOT TO SUE the entities or persons mentioned in this paragraph from any and all liabilities or claims made as a result of participation in this activity or event, whether caused by the negligence of release or otherwise.

I acknowledge that the City of Brownsville and their directors, officers, volunteers, representatives, and agents are NOT responsible for the errors, omissions, acts, or failures to act of any party or entity conducting a specific event or activity on behalf of the City of Brownsville.

I acknowledge that this activity or event may involve a test of a person's physical and mental limits and may carry with it the potential for death, serious injury, and property loss. The risks may include, but are not limited to, those caused by terrain, facilities, temperature, weather, condition of participants, equipment, vehicular traffic, actions of other people including, but not limited to, participants, volunteers, spectators, coaches, event officials, and event monitors, and/or producers of the event, and lack of hydration. These risks are not only inherent to participants, but are also present for volunteers.

I hereby consent to receive medical treatment which may be deemed advisable in the event of injury, accident, and/or illness during this activity or event.

I understand that at this event or related activities, I may be photographed. I agree to allow my photo, video, or film likeness to be used for any legitimate purpose by the event holders, producers, sponsors, organizers, and assigns.

The accident waiver and release of liability shall be construed broadly to provide a release and waiver to the maximum extent permissible under applicable law.

**I CERTIFY THAT I HAVE READ THIS DOCUMENT, AND I FULLY UNDERSTAND ITS CONTENT. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT AND I SIGN IT OF MY OWN FREE WILL.**

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Print Participants Name

Age

Signature & Date (if under 18 years old,  
Parent or guardian must also sign)

**PARENT / GUARDIAN WAIVER FOR MINORS (Under 18 years old)**

The undersigned parent and natural guardian does hereby represent that he/she is, in fact, acting in such capacity, has consented to his/her child or ward's participation in the activity or event, and has agreed individually and on behalf of the child or ward, to the terms of the accident waiver and release of liability set forth above. The undersigned parent or guardian further agrees to save and hold harmless and indemnify each and all of the parties referred to above from all liability, loss, cost, claim, or damage whatsoever which may be imposed upon said parties because of any defect in or lack of such capacity to so act and release said parties on behalf of the minor and the parents or legal guardian.

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Print Participants Name

Age

Signature of Parent or Guardian & Date