



City of Chicago

Rahm Emanuel, Mayor

Department of Animal Care & Control

NOTICE OF VOLUNTEER OPPORTUNITY

NOTICE OF VOLUNTEER OPPORTUNITY Animal Care & Control - UNPAID

The Department of Animal Care & Control (ACC) is seeking to fill positions for volunteers. The ideal volunteer should have a love for animals.

ACC is open 365 days taking in over 26,000 animals a year. ACC provides veterinary care, fresh food, clean water and shelter to lost, stray, injured, sick and unwanted animals that would otherwise be left to wander the streets of our city.

MINIMUM QUALIFICATIONS: The ideal candidate will have good oral communication skills, be organized and detail-oriented. Must have animal handling experience and be comfortable in an animal shelter environment. Must be 18 years of age or older.

RESIDENCY REQUIREMENT: Not Required.

SALARY: UNPAID

APPLICATION PERIOD: Open until further notice.

HOURS: Successful candidates should work a minimum of 10 to 20 hours a month. Available hours include weekdays and weekends, mornings and evenings. This is a temporary position.

DUTIES: Volunteers are assigned to various divisions of the Animal Control Facility at 2741 South Western Ave. according to the interests of the volunteer and needs of the Department. Volunteers may perform a wide variety of duties, including but are not limited to the following: under immediate supervision, perform various administrative functions to support program activities; participate in the organization, setup and administration of special events and program activities; socialize, groom and exercise animals available for adoption; assist the public in selecting companion animals and perform adoption screening and counseling functions; escort visitors through the facility to assist in finding their lost pet.

NOTE: Candidates are required to pass a fingerprint background and mandatory Volunteer Orientation.

DESIRED SKILLS:

- Experience handling animals.
- Excellent customer service skills.
- Must be reliable and organized.

INSTRUCTION: Interested candidates should contact the volunteer coordinator to sign up for an orientation session.

**Volunteer Coordinator
City of Chicago Department of Animal Care & Control
2741 South Western Ave., Chicago, IL 60608
OR
Email: caccvolunteer@cityofchicago.org
OR
Fax: 312-747-1409**

If you are a person with a disability and require a reasonable accommodation in order to participate in the application process, please contact the City of Chicago, Department of Human Resources at 312 744-4976 (voice) or 312 744-5035 (TTY). You may be required to provide information to support your reasonable accommodation request.

ALL REFERENCES TO POLITICAL SPONSORSHIP OR RECOMMENDATION MUST BE OMITTED FROM ANY AND ALL APPLICATION MATERIALS SUBMITTED FOR CITY EMPLOYMENT

THE CITY OF CHICAGO IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



City of Chicago

Commission on Animal Care and Control

Volunteer Application

Date: _____

Name: _____ Birth Date: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Other Phone: _____ Email: _____

Employer: _____ Title: _____

Emergency Contact Information:

Name: _____ **Relationship:** _____

Home Phone: _____ **Other Phone:** _____

What are your primary motivations for volunteering with Animal Care and Control?

Please describe any previous volunteer experience. _____

Do you have any special skills that could contribute to volunteer activities (e.g. public speaking, art work, bilingual, etc.)? _____

Include any limitations on working with or near specific types of animals. _____

Please describe any animal related experience. _____

What type of pets do you currently own? _____

Please describe your work experience with the public. _____

Volunteers usually work 2-3 hours a day at least twice a month, what days and hours are you available:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Holidays _____

Type of volunteer position(s) that you are interested in:

- _____ Pavilion A Team: Walking dogs available for adoption, assisting the public in choosing a dog.
- _____ Cat Adoption Room Team: Socializing cats, assisting the public in choosing a cat.
- _____ Adoption Screening Team: Reviewing adoption applications and advising new adopters.
- _____ Lost Pet Team: Researching stray animals to reunite them with their family.
- _____ Off-Site Adoption Team: Coordinating and participating in off-site adoption opportunities.
- _____ Clerical Team: customer service, data entry or returning phone calls.
- _____ Behavior and Enrichment Team: Basic training and kennel enrichment for the animals
- _____ Medical Team: Assisting in the medical care and treatment of the animals.

Please note that your acceptance into and continued participation in the volunteer program is dependent on your attitude towards volunteer work, your comfort level working with animals, your attitude toward working with animal shelters and our specific activities, and whether we have positions available for your specific time slots, among other things.

Please send this completed application to:

**Volunteer Coordinator
Chicago Animal Care and Control
2741 South Western Avenue
Chicago, Illinois 60608
caccvolunteer@cityofchicago.org
Fax: 312-747-1409**

Thank you for your interest in volunteering with the City of Chicago Animal Care and Control (ACC).

All volunteers must pass a fingerprint background check prior to volunteering with ACC. Fingerprinting services are provided by the City of Chicago Department of Human Resources located at City Hall, 121 N. LaSalle Street, Monday thru Friday from 9:00 a.m. to 3:00 p.m.

Below is the information required for fingerprinting. Please fill in all sections and return the information to: Volunteer Coordinator, Animal Care and Control, 2741 S. Western Ave., Chicago, IL 60608 or Fax: 312-747-1409, or Email: caccvolunteer@cityofchicago.org

After the information provided is entered into the City of Chicago database, you will receive a confirmation number and additional instructions via email. You may then proceed to City Hall for fingerprinting.

City of Chicago Fingerprint Information Form

PLEASE PRINT CLEARLY

Last Name:		First Name:	
Social Security Number:			
Birth Place (State):		Birth Date:	
Please provide the following information from your Drivers License or State ID			
Sex:		Race:	
Height:		Weight:	
Eye Color:		Hair Color:	
Type of ID:			
ID Number:		Issuing State:	
Please Provide CURRENT Information			
Home Address:			
City :			
State:		Zip Code:	
Phone Number:			
Email Address:			

LIABILITY WAIVER

I, the individual named herein below, acknowledge and understand that working with animals may be dangerous and carries with it certain inherent risks that cannot be eliminated regardless of the amount of care taken to avoid injuries. These risks can result in serious injury or even death. I understand, appreciate and agree to personally assume any and all liability and risks of volunteering with the Commission on Animal Care and Control (hereinafter "ACC").

I hereby RELEASE, WAIVE, DISCHARGE, AND COVENANT NOT TO SUE, The City of Chicago, its officials, agents, employees, officers, and representatives from every penalty, claim, loss, cost, damage, demand, action, cause of action, reasonable attorney's fees, lien and/or expense arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, during my performance of volunteer work with ACC, including but not limited to volunteer work performed at the ACC facility located at 2741 South Western Avenue, Chicago, Illinois 60608, volunteer work performed off-site for or in conjunction with ACC, as well as any failure of observance of any rules, regulations or policies of ACC or The City of Chicago. The City of Chicago shall not be liable for damages to me arising from any act of any third party or animal.

I agree to INDEMNIFY AND SAVE HARMLESS the City of Chicago from and against all claims of whatever nature arising from any of my future negligent acts, omissions or negligence, or arising from any accident, injury, or damage whatsoever caused to any person, animal or to the property of any person occurring while I am providing volunteer work to the City of Chicago, or arising from any accident, injury, or damage occurring on the City of Chicago's premises. I further agree to INDEMNIFY AND HOLD HARMLESS the City of Chicago, its officials, agents, employees, officers, and representatives from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought by any party as a result of my involvement in any aspect of volunteering with ACC, and I agree to reimburse the City of Chicago for any such expenses incurred.

In consideration for my acknowledgment of and agreement with all provisions of this liability waiver, ACC agrees to allow me the limited privilege of volunteering with ACC. I understand and agree that as a volunteer, I am not an employee of the City of Chicago, and I am not entitled to any compensation or benefits of any kind. I propose to serve entirely without compensation as a volunteer worker for such period or periods and at such time or times as may be mutually agreed upon by me and ACC. I understand that my gratuitous services do not entitle me to workers' compensation or any other insurance policy or benefits through the City of Chicago.

I hereby agree that I have read and will not object to or challenge the protocols and procedures outlined in the City of Chicago ACC Volunteer Handbook. Violation of any of these guidelines or any other rules or directives imposed by ACC or the City of Chicago will be grounds for my immediate removal from the premises and termination of all future volunteer opportunities with the ACC. Further, I acknowledge that ACC reserves the right to unilaterally modify, or terminate my privilege to volunteer at any time for any reason or no reason at all.

I hereby consent that the City of Chicago and/or assignees be authorized to use my name, portrait, picture, photograph or any reproduction of myself for editorial and/or commercial purposes by the City of Chicago. Permission is hereby granted to make changes or alterations and/or use my name or fictitious one for such purposes.

I expressly agree that the foregoing liability waiver is intended to be as broad and inclusive as is permitted by the law of the State of Illinois and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal effect and force.

By signing below, I hereby agree that I have read this liability waiver and fully understand all of its terms. I acknowledge that I am signing the liability waiver freely and voluntarily, and intend by my signature to completely and unconditionally release the City of Chicago of all liability to the greatest extent allowed by law. The representations, conditions and commitments contained in this instrument shall be binding upon my heirs, next-of-kin and personal representatives.

Printed Name: _____ Signature: _____

Date _____ Age _____

DL # _____ State _____ Other ID # _____

TETANUS SHOT VERIFICATION

The undersigned states that his/her last tetanus shot was received within the last (5) years. Date of last tetanus shot _____
(month & year)

Signature: _____ Date: _____

Upon completion and clearance of the fingerprint background check, you must attend a mandatory volunteer orientation. Volunteer orientation dates will be sent out via email to all new volunteers.