LAREDO ANIMAL CARE SERVICES 5202 MAHER AVE., LAREDO, TEXAS 78041 L.A.C.S. VOLUNTEER SAFETY FORM

Date:	Date: Referred By:				
	Contact Number:				
Community Service	Volunteer/ Organization				
Individual Performing Service:					
D.O.B.:	Driver License Number:				
Address:	Phone Number:				
While performing community/volunteer so	ervice, I will:				
Not be on a cellphone					
Wear appropriate clothing to work (pants, closed shoes, no shorts or sandals)				
Follow oral and written instructions volunteers, staff and visitors.	carefully and communicate clearly with fellow				
Not leave the worksite without pern	mission				
Not carry any sort of weapon					
Treat fellow volunteers, visitors and	staff with courtesy and respect at all times.				
Not deliberately destroy or deface a	iny tools or property				
I certify that I have read and unders certifies my understanding of an agreeme	tood the above information. My signature also nt with the attached policies.				
gnature: Date:					

Please read the following and place your initials in the space provided:

	S. operations, I may be exposed to undesirable
conditions and may be asked to assist with clean	ing and feeding tasks that may require
separate attire I affirm that the statements given by me on t	the application are true and correct
I agree that upon placement I will perform m	
that in performing those responsibilities, I am no	
	t acting as an employee or official
representative of the City of Laredo.	- ft d -t-t
I grant the City of Laredo to investigate all th	
application. I hereby authorize any person(s) to f	
character, habits, work record, skills, felony/misc	
information in their possession. I release all such	persons and concerns from any and all
liability.	
I further recognize that if accepted, all inform	
discussed with anyone, including friends or relati	
I agree not to use tobacco products in any ci	ty building or on any city property while
performing service hours.	and a sub-article and a sub-ar
	nder the influence of any alcohol or illicit drug
while performing service hours.	and the second s
I understand that I can be terminated if any of	
behalf would disrupt, diminish or otherwise jeo	
I understand that any community service ass	ignment i nave with the City of Laredo can be
terminated at any time.	-i
	pies of or revealing to any outside source(s) any
confidential information I learned while perform	
information and is not to be shared with anyone	
Legal Department and then only as necessary to	
	my assigned supervisor any information that
may affect the records or operations of the City of	
I also give the City of Laredo permission to re	
articles pertaining to my service in the City of Lar	edo via program as long as it is not a
confidential matter.	
In consideration of the City of Laredo allowin	•
community service credit, and being aware of po	•
participation, I release the City of Laredo officials	• • •
claims, injuries and damages incurred by me from	
to indemnify, save and hold harmless the City of	
any and all claims or causes of action for injuries	
as a result of my participation in the volunteer pr	ogram or community service program.
Signature:	Date:
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Laredo Animal Care Services 5202 Maher Ave. Laredo, Texas 78041

Laredo Animal Care Shelter Duties

INSI	DE DUTIES: (Include but are not limited to)	
	LOBBY - sweep, mop, clean windows.	
	RESTROOM – sweep, mop and clean toilets and sinks.	
	BREAKROOM – sweep, mop, take out trash, replace bags.	
	MAIN OFFICE – sweep, mop, take out trash, replace bags,	clean windows, file, make
	copies.	
	OFFICES – sweep, mop, take out trash, replace bags	
	CONFERENCE ROOM – sweep, mop, clean windows, take	out trash, replace bags.
OUT	ΓSIDE DUTIES: (Include but are not limited t	0)
	KENNELS — clean mailboxes, sweep, mop, wash dog/o	at bowls, pick up trash, refill
	food containers. You may be asked to assist in the cleaning	-
	kennel being cleaned is empty of dogs/cats and a kennel	officer is present to handle
	dogs/cats.	
	NO HANDLING OF THE PETS IS ALLOWED UNLESS OTHER	WISE INSTRUCTED.
	DOG WALKING MUST BE SIGNED AND APPROVED. INCLU	DING THE WALKING OF PUPPIES
	AND KITTENS.	
	INDIVIDUALS MUST BE SIGNED IN UPON ARRIVING AND S	SIGNED OUT UPON LEAVING FOR
	HOURS TO BE COUNTED. AND MUST CLOCK OUT FOR LUI	NCH/BREAKS.
	PLEASE DO NOT BE FOUND WANDERING AROUND THE FA	ACILITY SITTING DOWN OR ON
	YOUR CELLPHONE AS YOU CAN BE ASKED TO LEAVE.	CLETT, SITTING DOWN ON ON
	7001101127107107107101125701125	
HOUI	RS OF OPERATION:	
	IDAY, TUESDAY, FRIDAYS: 8:00 A.M. TO 5:00 P.M.	
	NESDAY, THURSDAY: 8:00 A.M. TO 6:00 P.M.	
SATU	JRDAYS: 10: A.M. TO 2:00 P.M.	
CLCNI	ATLIDE	DATE