

2104 SW 6TH STREET, LAWTON, OK.73501

(580) 581-3219

LAW VOLUNTEER OPPORTUNITIES



Lawton Animal Welfare has some very unique Volunteer Opportunities for you to choose from such as:

		~ cc.	/	
1.	Administrative	()ttice/	/Clerical	Assistant

This position assists administrative office staff in the day-to-day functions of LAW and includes:

>answering phones >making calls >taking applications

>issuing licenses >adoptions, during special events >mailing

2. Kennel Assistant

The kennel assistant helps staff with cleaning of the kennel area, caring for animals, interacting with the public and maintains a smooth flow of traffic throughout the shelter.

>clean cages and runs >wash food bowls and pans

>directs public to various shelter areas

3. Humane Education Volunteer

This postion has direct contact with classroom visits, as well as school assemblies and shelter tours. >helping children with petting/holding/teaching about animals

>assists as needed during presentation

4. Others... Let us know what you can do for us! What special skills/experience can you offer? >carpenter, electrician, painter, plumber, maintenance, etc.

VOLUNTEER PLEDGE

Believing that Lawton Animal Welfare has a real need for my services as a Volunteer worker:

- ❖ I will be punctual and conscientious in the fulfillment of my duties and accept supervision graciously.
- ❖ I will conduct myself with dignity, courtesy and consideration.
- ❖ I will endeavor to make my work of the highest quality.
- ❖ I will take any problems, criticisms or suggestions to the LAW management.
- ❖ I will hold harmless LAW and/or the City of Lawton for any injury to me or to others, or for damage to my or another's property, while I am volunteering.

Volunteer Signature	



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APPLICATION FOR VOLUNTEER SERVICES





DATE:				
LAST NAME: FIRST NAME:				
HOME ADDRESS:				
CITY/STATE:		ZIP:	PHONE:	
DATE OF BIRTH:				
IN CASE OF EMERGENCY (ICE) WHO W	OULD YOU LIKE	US TO CONTAC	T?	
(ICE) NAME/RELATIONSHIP:				
(ICE) PHONE #:				
(ICE) ADDRESS:				
LAW Volunteer Position preferred:				
LAW Volunteer 2 nd choice:				
Days preferred: (Circle Preference)	M T	W Th	F Sat.	
Hours preferred: (Circle Preference)	Morning	Afternoon	All Day	
Do you have any physical limitations w	hich would imp	ede your ability	to serve as a LAW volunte	er? If yes, please explain:
Why do you want to volunteer for Law	ton Animal Wel	lfare?		
How did you first learn of Lawton Anim	nal Welfare?			
Education or Special training:				
Hobbies, skills, special interests:				
Community affiliations:				
Are you able to get to your assigned sh	iifts on time, wi	thout issue? (Ci	rcle one) Yes No	
		Volunteer Sig		



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Volunteer Standard Operating Procedures:

- 1. You are required to attend any meeting designated by the shelter supervisor.
- 2. Ideas, problems, and suggestions will be discussed at these meetings.
- 3. You are required to familiarize yourself with the shelter policies and procedures.
- 4. You are requested to sign non-liability forms before allowed to work on site.
- 5. Any form of publicity (news media, interviews, Facebook, etc.) must be approved first by the Superintendent.
- 6. Attire may be casual, but must be in good taste, and not revealing.
- 7. You must maintain clean clothing and a well-groomed appearance.

Volunteer Policy and Procedures:

Should the issues listed below arise, you may be asked to not return to volunteer.

- 1. Failure to carry out a direct instruction by a supervisor.
- 2. Negligent or willful destruction of or misappropriation or unauthorized use of City funds, equipment, supplies, etc.
- 3. Acceptance of a gratuity of gift in violations of the other provisions of these rules.
- 4. Discourteous, aggravated and/or habitual negative attitude towards the public or fellow worker/volunteers.
- 5. Use of drugs or intoxicants while working.
- 6. Bringing friends to hang out at work.
- 7. Taking pictures of any animals that are not available for adoption.

Volunteer Signature						
OFFICE USE ONLY						
Date Received:	Date Contacted:					
Orientation Date:	Schedule:					
Starting Date:	Assignment:					
Remarks:						



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RELEASE AND INDEMNITY AGREEMENT

I, the undersigned, have been advised of the task(s) and wish to volunteer my services and perform on behalf of the City of Lawton Animal Welfare Division, and in consideration of the training and expericence I will gain therefore, hereby agree to release, acquit, and forever discharge the City of Lawton, Oklahoma, a municipal corporation, its officers, agents and employees, from any and all actions, compensation on account of or in any way arising out of any and all injuries to my person, including death, or property resulting from any incident or accident which may occur while I am performing or preparing to perform my assigned tasks whether on or off the premises of the City of Lawton Animal Welfare Division, or whether inside or outside the city limits of Lawton, Oklahoma.

I do additionally, hereby agree to defend, indemnify and hold harmless the City of Lawton, its officers, agents and employees from any and all actions, causes of action, claims and demands of any character, name, or description brought on account of or in any way arising out of any act(s) or ommission(s) on my part while I am performing or preparing to perform my assigned tasks whether inside or outside the city limits of Lawton.

As a volunteer for the City of Lawton Animal Welfare Division, I understand and acknowledge that any injuries, including death, illnesses, incapacities, or conditions of any kind or nature sustained or aggravated by me while I am performing or preparing to perfrom my assigned tasks will not be covered under the City of Lawton's group health insurance plan, nor will my volunteer status entitle me to any benefits afforded by Workers' Compensation statutes in effect in the State of Oklahoma. I, therefore, further agree that I will not make any claim, demand or application for such benefits reserved for compensated employees of the City of Lawton and uncompensated workers rendering services as a firefighter, peace officer or civil defense worker.

This Release and Indemnity Agreement shall be binding on my heirs, executors, administrators, and legal representatives.

IN WITNESS WHEREOF, I hereby certify that I have read and understand the Release and Indemnity Agreement as evidenced by my hand this _____day of ______, 20____. (Signature of Parent or Guardian) Signature of Volunteer **ACKNOWLEDGMENT** STATE OF OKLAHOMA)) SS. **COUNTY OF COMANCHE** On this _____ day of _____ , 20 __ , ____ Personal appeared before me, and acknowledged to me that signed the free act for the purposes foregoing instrument as ______ therein stated. My commission expires: **NOTARY PUBLIC**

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