



CITY OF LONG BEACH
ANIMAL CARE SERVICE LEARNING PROFILE AND APPLICATION



Office use only:
Call Date: _____
Comments: _____
Interview Date: _____
Start Date: _____

Date: _____

Section A—Personal Information

Name: _____
 Date of birth: _____ Are you 18 or older? _____ (If yes, Skip Section B)
 Daytime phone #: _____ Evening phone #: _____
 E-mail address: _____
 Occupation: _____ Employer: _____
 Social security #: _____ Driver's License #: _____

Section B—Parent or Guardian Information

Legal guardian (*necessary if under the age of 18*): _____
 Relationship: _____
 Daytime phone #: _____ Evening phone #: _____
 Address: _____

Section C—Contact Information

In case of emergency, please notify:
 1. Name: _____ Relationship: _____
 Daytime phone #: _____ Evening phone #: _____
 Address: _____
 2. Name: _____ Relationship: _____
 Daytime phone #: _____ Evening phone #: _____
 Address: _____
 * Allergies: _____

Section D—Skills and Experience

Have you done any other service learner work? _____
 Where? _____
 When? _____
 Responsibilities: _____

Have you had any training or education in pet care or animal welfare? _____
 Where? _____
 When? _____



Section E—Availability

When are you available to service learner?

Monday ____to____
Tuesday ____to____
Wednesday ____to____
Thursday ____to____
Friday ____to____
Saturday ____to____

Section F—Service learner Questionnaire

Have you ever worked/acted as a service learner in an animal shelter? _____

How did you hear about the Long Beach Animal Shelter? _____

Why do you want to service learner with an animal shelter? _____

Are you aware that this shelter is not a “no kill” shelter? _____

What are your opinions about euthanization? Please explain. _____

Do you currently own any pets? What types of animals? _____

Where did you get these pets? _____

Are they all vaccinated and licensed? ____ Spayed/Neutered? ____

Do you prefer to socialize with a particular type of animal? _____

Are you afraid of any particular types of animals? _____

How do you feel about cleaning up after the animals? _____

Do you think that you can handle a strong dog if he is pulling you? _____

Would you be interested in assisting the office staff with clerical and cleaning duties such as making adoption packets and mopping the floor? _____

Would you be interested in assisting with Pet Adoption Days and other events during the weekends?

What are your opinions regarding spaying and neutering? Please explain. _____



**PARENTAL CONSENT
Release and Waiver of All Liability and Assumption of Risk Agreement
Related to Animal Care Services Bureau Service Learners**



FOR GOOD AND VALUABLE CONSIDERATION, including permission for _____ (“MINOR”) to provide service for the City of Long Beach Bureau of Animal Care Services, Long Beach Animal Care Services Center, and related activities (“ANIMAL CARE SERVICES ACTIVITIES”), I, the parent/guardian of the MINOR for myself and on behalf of the minor:

1. Consent to the MINOR’s participating in the ANIMAL CARE SERVICES ACTIVITIES;
2. Agree that, prior to the MINOR’s participation in the ANIMAL CARE SERVICES ACTIVITIES, the MINOR and I will inspect the facilities, equipment, and areas to be used, and, if either of us believes that any of them are unsafe, I will immediately advise the person supervising the ANIMAL CARE SERVICES ACTIVITIES;
3. Agree that, prior to the MINOR’s participation in the ANIMAL CARE SERVICES ACTIVITIES, the MINOR shall abide by City of Long Beach Bureau of Animal Care Services policies and procedures and agree to be supervised by the City’s managers/Animal Care Services Officers and to report any problems that may arise;
4. Acknowledge that the MINOR and I fully understand that the MINOR’s **participation may involve risk of serious injury or death**, including economic losses, which may result not only from the MINOR’s own actions, inactions, or negligence, but also from the actions, in-actions, or negligence of animals or others, the condition of the facilities, equipment, or areas where the ANIMAL CARE SERVICES ACTIVITIES is being conducted, or the type of ANIMAL CARE SERVICES ACTIVITIES;
5. **Assume any and all risk** of personal injuries to the MINOR, permanent of partial disability, or death and damages to the MINOR’s or my property, caused by or arising from the MINOR’s participation in the ANIMAL CARE SERVICES ACTIVITIES and authorize the City of Long Beach to contact or employ a licensed physician to render any medical treatment that may be deemed necessary for the MINOR or to take and admit the MINOR to any hospital. If such medical treatment is required, I agree to pay all medical and hospital bills relating thereto;
6. **Covenant not to sue or present any claim** for personal injury, property damage, or wrongful death against PERMITEE/Sponsor, the City of Long Beach, their officers, employees, service learners, and agents for damages attributable to the MINOR’s participation in the ANIMAL CARE SERVICES ACTIVITIES;
7. **Release, waive, discharge, and relinquish** the City of Long Beach, its officers, employees, service learners, and agents from any liability, loss, damage, claim, demand, or cause of action against them arising from or attributable to the MINOR’s participation in ANIMAL CARE SERVICES ACTIVITIES, whether same shall arise by their negligence or otherwise;
8. Agree that photographs, pictures, slides, movies, or videos of the MINOR may be taken in connection with the MINOR’s participation in the ANIMAL CARE SERVICES ACTIVITIES without compensation from the City of Long Beach and consent to the use of these photographs, pictures, slides, movies, or videos for any legal purpose;
9. Agree to hold as confidential all information that MINOR may obtain, directly or indirectly, concerning clients and staff. MINOR agrees not to seek to obtain confidential information from a client. MINOR understands that an intentional or unintentional violation of confidentiality may result in disciplinary action, including termination by the City of Long Beach and/or possible legal action by others (i.e., clients, customers.)
10. Agree that the MINOR and I will not take any pictures or video of the facility or animals at ANIMAL CARE SERVICES. I also agree that the MINOR and I will not post any information about ANIMAL CARE SERVICES, the facility or animals on any websites (i.e. Facebook, Twitter, LinkedIn, Craigslist, Youtube). I understand that if the MINOR or I violate this policy, the MINOR will be immediately removed from the program. I also understand that the MINOR and I are not allowed to comment to any media outlet, website, rescue organization, etc. as a representative of ANIMAL CARE SERVICES.
11. Agree that because MINOR may handle animals as part of the ANIMAL CARE SERVICES ACTIVITIES, it is important to discuss MINOR being vaccinated against tetanus with MINOR’s physician. I agree to release the City of Long Beach, their officers, employees, service learners, and agents from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.
12. Warrant that the MINOR is in good health and have no physical condition that would prevent the MINOR from participation in the ANIMAL CARE SERVICES ACTIVITIES; and
13. Acknowledge and agree that the City of Long Beach, its officials, employees, and agents shall not be responsible for administering, providing, or assisting in administering medication to the MINOR.

THIS DOCUMENT RELIEVES THE CITY AND OTHERS FROM LIABILITY FOR PERSONAL INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE CAUSED BY NEGLIGENCE.

BOTH PARENTS MUST SIGN UNLESS ONLY ONE PARENT IS LIVING OR UNLESS ONLY ONE HAS LEGAL CUSTODY. LEGALLY APPOINTED GUARDIANS MUST SIGN AND FURNISH A CERTIFIED COPY OF LETTERS OF GUARDIANSHIP.

I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.

PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE
PRINT PARENT/GUARDIAN NAME	SIGNATURE	DATE

I HAVE READ THIS DOCUMENT SIGNED BY MY PARENT(S) OR GUARDIAN(S) AND JOIN THE WAIVER, RELEASE AND ASSUMPTION OF RISK. I AM AWARE OF THE RISKS INVOLVED IN MY PARTICIPATION IN THE ANIMAL CARE SERVICES ACTIVITIES.

PRINT MINOR’S NAME	SIGNATURE	DATE
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