



Anna Payton
Director AC&C

City of Aurora

Development Services Department
Animal Care & Control

FAX (630) 256-3639
600 S. River St.

(630) 256-3630
Aurora, IL 60506-5552

Thank you for your interest in volunteering with the
Aurora Animal Care & Control!

Please submit your completed application to animalvolunteer@aurora.il.us.

Volunteer hours at the shelter are 10:30 am – 4:30 pm Monday – Saturday. There are no volunteer hours on Sundays or government holidays.

Requirements:

- You must be 18 years of age to volunteer.
Individuals 16-17 years of age may be accepted, provided they are accompanied by a parent/guardian who is an approved volunteer.
- You must complete a volunteer application.
- You must sign the volunteer hold harmless waiver.
- You must provide us with documentation showing your current tetanus vaccination.
- You must attend a volunteer training session.
- You must commit to a minimum of 4 hours per month.

We ask for a \$25 fee to join the volunteer program. This is to ensure commitment for program scheduling and reliability. This fee includes a volunteer t-shirt, nametag, and your volunteer manual.

After your first year of volunteering there will be a \$15 annual fee to ensure continued commitment and provides you a new t-shirt each year.

Additional volunteer t-shirts are available for purchase anytime for \$15.

Please note: We do not accept court-ordered community service hours.



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Volunteer Application

Contact Information

Name	
DOB	
Street Address	
City, State, Zip	
Home Phone	
Work Phone	
E-Mail Address	
T-shirt (unisex) size	

Interests

Which areas you are interested in volunteering? (Please note, volunteer opportunities are a tiered program.)

- Adoption Events
- Cat Adoption Counselor
- Dog Adoption Counselor
- Small Animal Adoption Counselor
- Humane Education
- Enrichment
- Foster Program
- Marketing
- Other: _____
- Photography/Video
- Socialize Cats
- Socialize Dogs
- Socialize Small Animals
- Special Events
- Transport

Limitations

Volunteering often requires banding, walking, reaching, and lifting. Are there any medical, physical or other limitations that would affect the type of work you are able to do?

Special Skills or Qualifications

Summarize your previous experience with animals, special skills and your previous volunteer work experience.



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Aurora Animal Care & Control (AACC) truly appreciate you giving your time and talent in helping us further our work in animal welfare. Anything donated on behalf of AACC becomes the property of AACC. We ask that you obey the following guidelines when you volunteer to assist us in maintained the cleanliness and professionalism that make our organization successful.

1. Treat all animals with kindness and respect. AACC uses only positive reinforcement with the dogs and cats in our care. Hitting an animal, using force to make an animal obey, teasing an animal, or harming an animal in any way is forbidden and will lead to immediate termination.
2. Dress appropriately wearing only close-toed shoes. Wearing your volunteer t-shirt while you volunteer helps to identify you to the staff and the public.
3. Follow the direction of AACC staff. Please direct any questions, concerns, or suggestions to the volunteer coordinator or AACC staff. Treat everyone with respect.
4. Animal placement is determined by staff and Director. Volunteers may not contact rescues or other humane organizations without prior approval by the Director.
5. When interacting with the public, always treat people kindly. Remember that we must educate, NEVER indoctrinate. It is critical that we provide information and promote open communication and not be judgmental or place our views on someone else.
6. While acting as an AACC volunteer, you must support AACC policy.
7. If you do not know the answer to a question, refer the individual to a staff member.
8. While you are volunteering, family members and friends should not be calling or visiting.
9. Notify AACC if you are convicted of a crime. Failure to report could lead to immediate dismissal.
10. No volunteer may make statements to the media, including on social media, that may be viewed as representative of the opinions and policies of AACC without prior approval by the Director.
11. No volunteer may make statements or actions that could negatively impact AACC, its partners, or the City of Aurora.
12. Use of illegal drugs, alcohol, or being intoxicated while on AACC premises or conducting AACC business is strictly prohibited. If you are taking any medications that may impair your ability to perform certain tasks at AACC, please advise the volunteer coordinator.
13. While acting in capacity as a volunteer you may not actively promote or solicit for a business or for your own personal gain.
14. All volunteers are expected to maintain confidentiality of all personal or privileged information that they may be exposed to while working as a volunteer.



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Tetanus Shot Vaccination Form

I, _____, state that my last tetanus shot was received within the last nine years. Alternately, I understand that failure to acquire and remain current on a Tetanus vaccination will jeopardize my volunteer opportunities and hereby agree to provide all current Tetanus vaccination records to the City of Aurora Animal Care & Control.

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	

Volunteer Release Form

- I _____ hereby agree to accept a position as a volunteer at the City of Aurora Animal Care & Control, and in so doing, I agree to comply with all of the policies, rules, and regulations which may be established at any time. I understand that my failure to do so may result in the immediate termination of my volunteer services. I hereby acknowledge that I am not an employee of the City of Aurora or the City of Aurora Animal Care & Control, and that my services are provided strictly on a volunteer basis, without financial compensation of any kind. I hereby acknowledge that my volunteer services may be terminated at any time, and for any reason.
- I recognize that due to the nature of these volunteer services, including but not limited to the handling working in close proximity to animals, there exists a risk of injury including physical harm and/or damage to personal property. All services to be performed by me are done at my own risk. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify, and hold harmless the City of Aurora and the City of Aurora Animal Care & Control, and its elected officials, employees, agents, and servants, from any and all claims, causes of action, or demands of any nature or cause, including all claims for any and all damages, injuries, losses, expenses, court costs and attorney's fees incurred by me that are in any way connected or related to my volunteer services,
- I further acknowledge that I am familiar with the requirements of the volunteer program being offered; am capable to perform same; and will support and perform the service required in compliance with the standards and specifications established, and/or approved by the City of Aurora Animal Care & Control. I hereby consent to emergency transportation and medical treatment necessary in the event of injury or illness while serving as a volunteer for the City of Aurora Animal Care & Control Facility. I hereby accept full responsibility for the payment of any emergency transportation costs and expenses, as well as any and all medical bills incurred.



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4. I have read this volunteer release, understand its terms, and execute it voluntarily with full knowledge of its significance.

Name (printed)	
Signature	
Signature (parent/guardian if under 18 years of age)	
Date	

Person to Notify in Case of Emergency

Name	
Street Address	
City, State, Zip code	
Home phone	
Work phone	
Cell phone	