

## **LAREDO ANIMAL CARE SERVICES**

### **WAIVER, RELEASE, AND INDEMINIFICATION AGREEMENT**

This agreement is entered into with the City of Laredo Animal Care Services jointly by the undersigned \_\_\_\_\_ (print name), in order to permit the Volunteer to participate in the Volunteer program. This agreement is for the benefit of Laredo Animal Care Services and the City of Laredo and each of its staff members, employees, officers, directors, agents and representatives (known individual as an "Indemnitee" and collectively as "Indemnitees").

Volunteers have been advised that the activity of working with shelter animals is hazardous and involves contact with animals that are unpredictable. Volunteer understands that as part of their volunteer work with Laredo Animal Care Services they will come in contact with animals and understand that working with animals carries a risk of injury that is possible and that they may be bitten, scratched, and/or otherwise injured. As such the City of Laredo and the Laredo Animal Care Services cannot be held liable for injuries or accidents that may occur as a result of Volunteer working with the animals.

Volunteers are aware that injuries, loss of or damage to personal property and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that the City of Laredo and Laredo Animal Care Services and Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer and his/her property, whether or not such injury, death, damage, loss, or expense is caused by negligence of the City of Laredo and Laredo Animal Care Services, any Indemnitee, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the volunteer participates at the shelter.

Volunteer fully, completely, and unconditionally waives and releases each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteer may have now or in the future against the City of Laredo or any Indemnitee relating to participation at the shelter.

Volunteer represents and warrants that he/she is physically and mentally fit to safely work with animals and public at the shelter. Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Volunteer has been informed of Laredo Animal Care Services departmental policy which requires all individuals who interact with and handle animals to be administered pre-exposure rabies vaccination. Volunteer represents and warrants that Volunteer has received the pre-exposure rabies vaccination. Volunteer understands that if they are unable to provide proof that they have been administered the pre-exposure rabies vaccination they will not be able to interact with and handle animals at the shelter.

Volunteer has been advised of the Laredo Animal Care Services policy which requires all Volunteers to be accompanied by a Staff member when they are interacting with or handling animals. Volunteer understands that their volunteer privileges may be revoked if they do not comply with this policy.

Volunteer represents and warrants that he/she has the authority to enter into this agreement.

If any provision of this Agreement is found to be unenforceable in any way, it shall be enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

**Volunteer:** \_\_\_\_\_

**Date:** \_\_\_\_\_

(Signature)

Telephone number: \_\_\_\_\_

Emergency contact number: \_\_\_\_\_

**Medical Information**

Name of Insurer \_\_\_\_\_

Policy Number \_\_\_\_\_

Physician's Name \_\_\_\_\_

Physician's Telephone Number \_\_\_\_\_

Date of pre-exposure rabies vaccination \_\_\_\_\_

**Shelter Approval**

Name of Employee: \_\_\_\_\_

**Date:** \_\_\_\_\_

Employee Signature: \_\_\_\_\_

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

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 service, I will:

\_\_\_\_\_ Not be on a cellphone

\_\_\_\_\_ Wear appropriate clothing to work (pants, closed shoes, no shorts or sandals)

\_\_\_\_\_ Follow oral and written instructions carefully and communicate clearly with fellow volunteers, staff and visitors.

\_\_\_\_\_ Not leave the worksite without permission

\_\_\_\_\_ Not carry any sort of weapon

\_\_\_\_\_ Treat fellow volunteers, visitors and staff with courtesy and respect at all times.

\_\_\_\_\_ Not deliberately destroy or deface any tools or property

\_\_\_\_\_ I certify that I have read and understood the above information. My signature also certifies my understanding of an agreement with the attached policies.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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

I understand that due to the nature of L.A.C.S. operations, I may be exposed to undesirable conditions and may be asked to assist with cleaning and feeding tasks that may require separate attire.

I affirm that the statements given by me on the application are true and correct.

I agree that upon placement I will perform my responsibilities without compensation and that in performing those responsibilities, I am not acting as an employee or official representative of the City of Laredo.

I grant the City of Laredo to investigate all the fact and statements contained in this application. I hereby authorize any person(s) to furnish any and all information including character, habits, work record, skills, felony/misdemeanor records, or any other pertinent information in their possession. I release all such persons and concerns from any and all liability.

I further recognize that if accepted, all information I receive is confidential and not to be discussed with anyone, including friends or relatives.

I agree not to use tobacco products in any city building or on any city property while performing service hours.

I agree not to use, consume, possess or be under the influence of any alcohol or illicit drug while performing service hours.

I understand that I can be terminated if any conduct or any pattern of conduct on my behalf would disrupt, diminish or otherwise jeopardize public trust in the City of Laredo.

I understand that any community service assignment I have with the City of Laredo can be terminated at any time.

I agree to refrain from repeating, making copies of or revealing to any outside source(s) any confidential information I learned while performing service hours. I realize that this is privileged information and is not to be shared with anyone other than a current employee of the City Legal Department and then only as necessary to carry out my task or service.

I understand that I am obligated to report to my assigned supervisor any information that may affect the records or operations of the City of Laredo.

I also give the City of Laredo permission to reproduce and publicize pictures or news articles pertaining to my service in the City of Laredo via program as long as it is not a confidential matter.

In consideration of the City of Laredo allowing me to participate as a volunteer to obtain community service credit, and being aware of possible injuries that could occur as a result of participation, I release the City of Laredo officials, employees and agents from any and all claims, injuries and damages incurred by me from participation as a volunteer. I further agree to indemnify, save and hold harmless the City of Laredo officials, employees and agents from any and all claims or causes of action for injuries or damages caused by me, whether or in part, as a result of my participation in the volunteer program or community service program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Laredo Animal Care Services  
5202 Maher Ave.  
Laredo, Texas 78041**

**Laredo Animal Care Shelter Duties**

**INSIDE 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.

**OUTSIDE DUTIES: (Include but are not limited to)**

- KENNELS - clean mailboxes, sweep, mop, wash dog/cat bowls, pick up trash, refill food containers. You may be asked to assist in the cleaning of dog/cat kennels so long as 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 OTHERWISE INSTRUCTED.  
DOG WALKING MUST BE SIGNED AND APPROVED. INCLUDING THE WALKING OF PUPPIES AND KITTENS.
- INDIVIDUALS MUST BE SIGNED IN UPON ARRIVING AND SIGNED OUT UPON LEAVING FOR HOURS TO BE COUNTED. AND MUST CLOCK OUT FOR LUNCH/BREAKS.
- PLEASE DO NOT BE FOUND WANDERING AROUND THE FACILITY, SITTING DOWN OR ON YOUR CELLPHONE AS YOU CAN BE ASKED TO LEAVE.

**HOURS OF OPERATION:**

MONDAY, TUESDAY, FRIDAYS: 8:00 A.M. TO 5:00 P.M.  
WEDNESDAY, THURSDAY: 8:00 A.M. TO 6:00 P.M.  
SATURDAYS: 10: A.M. TO 2:00 P.M.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**City of Laredo Animal Care Services**  
**Confidentiality/Security Acknowledgement**

**To:** All Laredo Animal Care Services Employees and Volunteers  
**From:** Karina Elizondo, Laredo Animal Care Acting Director  
**Date:** May 6, 2021  
**Subject:** Confidentiality/Security Agreement

**Confidentiality/Security Acknowledgement**

The City of Laredo Animal Care Services (LACS) has a legal and ethical responsibility to safeguard the privacy of all donors, adopters, rescues and volunteers. During your employment or affiliation with LACS hear information or read or see computer or paper files containing confidential information, whether or not you are directly involved in providing services. You may also create documents containing confidential patient information, if it is part of your job description and/or as directed to do so by your supervisor.

As part of your employment or affiliation with LACS, you must strictly adhere to the following regarding confidentiality and security of patient information:

- Confidential Information. I understand that all information, which is deemed to be protected information, must be maintained in the strictest confidence. Except as permitted by this Acknowledgement, I will not at any time during or after my affiliation speak about or share any confidential information with any person or permit any person to examine or make copies of any protected information that I come into contact with or which I create, except as allowed within my job duties.

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- Permitted Use of Information. I understand that I may use and disclose confidential information only upon the approval and direction from my supervisor.
- Prohibited Use and Disclosure. I understand that I must not access, use or disclose any protected information for any purpose other than stated in this Acknowledgement. I must neither physically remove records containing protected information from LACS, nor alter or destroy such records. I also agree to immediately report to my supervisor any non-permitted disclosure of protected information that I make by accident or in error.
- Safeguards. In the course of my employment or affiliation with LACS I shall, at all times, maintain and safeguard the confidentiality of all confidential and proprietary information which comes into my possession. I shall not use, disclose, orally, in writing, electronically, or otherwise any confidential or proprietary information to any third party while I am employed or affiliated with LACS or after termination of such employment or affiliation. I understand that all information obtained, viewed, or accessed by me during my employment or affiliation with LACS is the sole property of LACS and the City of Laredo. Should I discover that any confidential information has been compromised, I shall immediately notify the LACS Director, or their designee.

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

Phone Number: \_\_\_\_\_

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