

**Warner Robins Police Department Animal Control
Civilian Volunteer Request**

The undersigned acknowledges that he/she will be serving as a volunteer worker with the City of Warner Robins Animal Control and that in such capacity will not be receiving monetary compensation from the city. The undersigned further acknowledges that his/her work is in a volunteer capacity for the City of Warner Robins and that he/she will not be eligible for coverage under the City's Worker's Compensation or Group Benefits plans.

For and in consideration of the undersigned being given the opportunity to perform volunteer work for the Warner Robins Animal Control Department. The undersigned, in order to avail himself/herself of the opportunity, recognizes and assumes any and all risks pertaining thereto and hereby releases the City of Warner Robins, its officials, officers and all others personnel of the City of Warner Robins from any and all liability whatsoever for any injuries, damages and claims, the undersigned, his heirs and assigns may sustain in and about any animal control vehicle or in any other way during the course of the volunteer work by the undersigned of the operations and functions of the Warner Robins Animal Control.

I hereby authorize the City of Warner Robins Police Department to receive any Georgia criminal history records information pertaining to me which may be in the files of any state or local criminal justice agency in Georgia.

I give consent to the City of Warner Robins Police Department to perform periodic criminal history background checks for the duration of my volunteer work with this agency.

Undersigned parents agree to indemnify and hold harmless the City and its employees from all claims by their children who are minors as of the date of this agreement.

In witness whereof and intending to be legally bound hereby, the undersigned affixes his/her hand at Warner Robins, Georgia,
this _____ day _____ 20____

Volunteer Name and Signature _____

Date of Birth _____ Race _____ Sex _____ SS# _____

Address/Phone _____

Parent/Guardian Name and Signature _____

Address/Phone _____

Signature of Witness

Date

Print Name