



# Long Beach Animal Care Services

7700 E Spring Street  
 Long Beach, CA 90808  
 562-570-PETS  
 Fax 562-570-3053  
 www.longbeach.gov/acs

<b>Office use only:</b>
Call Date: _____
Interview Date: _____
Orientation Date: _____
Start Date: _____
Training Date/Time: _____
Comments: _____

## Steps to Becoming a Rescue Partner

1. Complete and return the Rescue Partner Application. The Application may be mailed or dropped off during regular adoption hours.
2. Interview with our Shelter Sergeant, Adoption Coordinator or Outreach Coordinator.
3. Attend the next Rescue Partner Orientation. The Outreach Coordinator will contact you with the dates and times.
4. Attend additional training as required for specific activities.

Today's Date: \_\_\_\_\_

## Rescue Partner Profile

Name:	Are you 18 or older? <input type="checkbox"/> Yes <input type="checkbox"/> No
Street Address:	E-mail address:
City, State, Zip:	Home Phone:
Cell Phone:	Work Phone:
How did you hear about our Rescue Partner Program?	

## Please indicate the days/times you are available:

	Wednesday	Thursday	Friday	Saturday	Sunday
Start					
End					

Why do you want to be a Rescue Partner for Long Beach Animal Care Services?

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<p>Have you had any formal education/training in pet care or animal welfare?</p> <p>Where: _____ When: _____ Type of education/training: _____</p>
<p>Have you done any other volunteer work?</p> <p>Where: _____ When: _____ Type of work performed: _____</p>
<p>Please check all experience or skills you have that will be beneficial in your time here:</p> <p><input type="checkbox"/> Handling cats   <input type="checkbox"/> Exercising/Handling Dogs   <input type="checkbox"/> Customer Service   <input type="checkbox"/> Bathing/Grooming</p> <p><input type="checkbox"/> Photography   <input type="checkbox"/> Kennel Care/Cleaning   <input type="checkbox"/> Pet Assisted Therapy   <input type="checkbox"/> Professional Dog Trainer</p> <p><input type="checkbox"/> Wild/Exotic Animals   <input type="checkbox"/> Other (Please specify) _____</p>

**Please check all your areas of interest:**

Canine care     Feline care     Other (Please specify) \_\_\_\_\_

**Do you know any LBACS volunteers?**    Name(s): \_\_\_\_\_ Relationship: \_\_\_\_\_

**Have you ever been a Rescue Partner at LBACS before?**     Yes     No    *If yes, when?* \_\_\_\_\_  
*If yes, what was your reason for leaving?* \_\_\_\_\_

**Have you adopted an animal from LBACS?**     Yes     No    *If yes, who did you adopt and when?* \_\_\_\_\_

**Are you a member of any other animal welfare organization?**     Yes     No    *If yes, how do you participate?* \_\_\_\_\_

**Are you aware that we euthanize animals at this shelter?**     Yes     No    **What is your opinion regarding euthanasia?** \_\_\_\_\_

**Do you currently own any pets?**     Yes     No    **What types?** \_\_\_\_\_

**Are they all vaccinated, licensed and microchipped?**     Yes     No    **Spayed/Neutered?**     Yes     No

**Do you prefer to socialize with a particular type of animal?** \_\_\_\_\_

**Are you afraid of any types of animals?**     Yes     No    *If yes, please explain:* \_\_\_\_\_

**How do you feel about picking up after animals?** \_\_\_\_\_

**What are your opinions regarding spaying/neutering?** \_\_\_\_\_

**Do you have any allergies or conditions that might affect your volunteer work?**     Yes     No    *If yes, please describe:* \_\_\_\_\_

**Do you have a valid driver's license?**     Yes     No

**Are you a convicted felon?**     Yes     No

**Please list two personal or business references:**

Name:	Relationship:
Daytime telephone:	Evening telephone:
E-mail address:	

Name:	Relationship:
Daytime Telephone:	Evening Telephone:
E-mail address:	

**When we contact your references, what will they say about you?** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Emergency Contact:**

Name:	Relationship:
Primary Phone:	Secondary Phone:

Name:	Relationship:
Primary Phone:	Secondary Phone:



**City of Long Beach**  
**DEPARTMENT OF PARKS, RECREATION AND MARINE**  
**Release and Waiver of All Liability and**  
**Assumption of Risk Agreement**  
**Related to Animal Care Services Bureau Rescue Partners**



**FOR GOOD AND VALUABLE CONSIDERATION**, including permission to serve as a Rescue Partner 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, for myself, my successors, heirs, assigns, executors, administrators, spouse, and next of kin:

1. Agree that, prior to participating I will inspect the facilities, equipment, and areas to be used, and, if I believe that any of them are unsafe, I will immediately advise the person supervising the ANIMAL CARE SERVICES ACTIVITIES, facility, activity, or area;
2. Acknowledge that I fully understand that **my participation may involve risk of serious injury or death**, including economic losses, which may result not only from my own actions, inaction, or negligence, but also from the actions, inaction, or negligence of animals or others, the condition of the facilities, equipment, or areas where the ANIMAL CARE SERVICES ACTIVITIES or activity is being conducted, the rules of play, or this type of ANIMAL CARE SERVICES ACTIVITIES or activity;
3. **Assume any and all risk** of bodily injuries to myself, including medical or hospital bills, permanent or partial disability, death, and damages to my property, caused by or arising from my participation in the ANIMAL CARE SERVICES ACTIVITIES or activity;
4. **Covenant not to sue or present any claim** for personal injury, property damage, or wrongful death against the City of Long Beach, their officers, employees, service learners, and agents for damages attributable to my participation in the ANIMAL CARE SERVICES ACTIVITIES or activity;
5. **Release, waive, discharge, and relinquish** the City of Long Beach, their officers, employees, service learners, and agents from any liability, loss, damage, claim, demand, or cause of action against them arising from or attributable to my participation in the ANIMAL CARE SERVICES ACTIVITIES, whether same shall arise by their negligence or otherwise;
6. Agree that photographs, pictures, slides, movies, or videos of me may be taken in connection with my 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.
7. Agree to hold as confidential all information that I may obtain, directly or indirectly, concerning clients, staff, and property of the City (including photos, medical records, or other information related to animals in its care). I agree not to seek to obtain confidential information from a client. I understand that an intentional or unintentional violation of confidentiality, including the distribution of information electronically to outside agents, may result in disciplinary action, including termination by the City of Long Beach and/or possible legal action by others (i.e., clients, customers.)
8. Agree that I will not take any pictures or video of the facility or animals at ANIMAL CARE SERVICES. I also agree that 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 I violate this policy I will be immediately removed from the program. I also understand that I am not allowed to comment to any media outlet, website, school, place of business, rescue organization, etc. as a representative of ANIMAL CARE SERVICES.
9. Agree that because I may handle animals as part of the ANIMAL CARE SERVICES ACTIVITIES, it is important to discuss being vaccinated against tetanus with my 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.
10. Warrant that I am in good health and have no physical condition that would prevent me from participating in ANIMAL CARE SERVICES ACTIVITIES; and

**THIS DOCUMENT RELIEVES THE CITY AND OTHERS FROM LIABILITY FOR BODILY INJURY, WRONGFUL DEATH, AND PROPERTY DAMAGE BY NEGLIGENCE. I HAVE READ THIS DOCUMENT, UNDERSTAND THAT I GIVE UP SUBSTANTIAL RIGHTS AND ASSUME ALL RISKS BY SIGNING IT, AND SIGN VOLUNTARILY.**

PRINTED NAME

SIGNATURE

DATE