



City of Chicago
Rahm Emanuel, Mayor

Department of Animal Care & Control

NOTICE OF VOLUNTEER OPPORTUNITY

NOTICE OF VOLUNTEER OPPORTUNITY **Animal Care & Control - UNPAID**

The Department of Animal Care & Control (ACC) is seeking to fill positions for volunteers. The ideal volunteer should have a love for animals.

ACC is open 365 days taking in over 20,000 animals a year. ACC provides veterinary care, fresh food, clean water and shelter to lost, stray, injured, sick and unwanted animals that would otherwise be left to wander the streets of our city.

MINIMUM QUALIFICATIONS: The ideal Volunteer will have good oral communication skills, be organized and detail-oriented. Must have animal handling experience and be comfortable in an animal shelter environment. Must be 18 years of age or older.

RESIDENCY REQUIREMENT: Not Required.

SALARY: UNPAID

APPLICATION PERIOD: Open until further notice.

HOURS: Successful Volunteers should visit a minimum of 10 to 20 hours a month. Available hours include weekdays and weekends. This is a temporary position.

DUTIES: Volunteers are assigned to various divisions of the Animal Control Facility at 2741 South Western Ave. according to the interests of the volunteer and needs of the Department. Volunteers may perform a wide variety of duties, including but are not limited to the following: under immediate supervision, perform various administrative functions to support program activities; participate in special events and program activities; socialize and exercise animals available for adoption; assist the public in selecting companion animals and perform adoption screening and counseling functions; escort visitors through the facility to assist in finding their lost pet.

NOTE: Volunteers are required to pass a fingerprint background check and mandatory Volunteer Orientation.

DESIRED SKILLS:

- Experience handling animals.
- Excellent customer service skills.
- Must be reliable and organized.

INSTRUCTIONS: Interested Volunteers should visit our website at www.adoptchicago.org to sign up for an orientation session or contact the Volunteer Coordinator at:

Chicago Animal Care & Control
2741 South Western Ave., Chicago, IL 60608
312.747.1392
OR
Email: caccvolunteer@cityofchicago.org

If you are a person with a disability and require a reasonable accommodation in order to participate in the application process, please contact the City of Chicago, Department of Human Resources at 312 744-4976 (voice) or 312 744-5035 (TTY). You may be required to provide information to support your reasonable accommodation request.

ALL REFERENCES TO POLITICAL SPONSORSHIP OR RECOMMENDATION MUST BE OMITTED FROM ANY AND ALL APPLICATION MATERIALS SUBMITTED FOR CITY EMPLOYMENT

THE CITY OF CHICAGO IS AN EQUAL OPPORTUNITY/AFFIRMATIVE ACTION EMPLOYER



City of Chicago

Commission on Animal Care and Control

Volunteer Application

Date: _____

PLEASE PRINT CLEARLY

Name: _____ Birth Date: _____
Address: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Other Phone: _____ Email: _____
Employer: _____ Title: _____

Emergency Contact Information:

Name: _____ Relationship: _____
Home Phone: _____ Other Phone: _____

What are your primary motivations for volunteering with Animal Care and Control?

Please describe any previous volunteer experience. _____

Do you have any special skills that could contribute to volunteer activities (e.g. public speaking, art work, bilingual, etc.)? _____

Include any limitations on working with or near specific types of animals. _____

Please describe any animal related experience. _____

What type of pets do you currently own? _____

Please describe your work experience with the public. _____

Volunteers usually schedule 2-3 hours a day at least four to five times per month, what days and hours are you available:

Sunday _____ Monday _____ Tuesday _____ Wednesday _____
 Thursday _____ Friday _____ Saturday _____ Holidays _____

Please note that you must be willing to commit to at least 10 hours of your time per month to be considered an active volunteer.

Type of volunteer position(s) that you are interested in:

(PLEASE CIRCLE YOUR AREA OF INTEREST)

Program	Description	Qualification	Time Commitment
CURRENT OPPORTUNITIES			
Dog Walking / Socialization	Walk and socialize dogs in Pavilion A (adoption pavilion); show dogs to potential adopters.	Previous experience with dogs desired, but not necessary.	Minimum 8 hours per month.
Cat TLC / Socialization	Socialize adoptable cats in the adoptable cat room; show cats to potential adopters.	Previous experience with cats desired, but not necessary.	Minimum 8 hours per month.
Offsite Adoption Events; Vaccine/Microchip Clinics.	Attend events at various locations; assist public; handle animals.	Good people skills, exp. with dogs & cats & good dog handling skills.	Minimum 8 hours per month.
Customer Service	Greet members of the public at the door, and assist with lost dog kiosk or tour information; directing to adoption rooms; complete paperwork at vaccine clinics or assist with vaccine clinic line management.	Good people skills. Bilingual a plus.	Minimum 8 hours per month.
OPPORTUNITIES FOR AN ACTIVE VOLUNTEER IN GOOD STANDING FOR 6 MONTHS AND HAVING AT LEAST 100 HOURS VOLUNTEERING AT THE SHELTER			
Adoption Screening	Screen potential adopters.	Good people skills & critical thinking skills. Bilingual a plus.	Minimum 8 hours per month.

Please note that your acceptance into and continued participation in the volunteer program is dependent on your attitude towards volunteer work, your comfort level working with animals, your attitude toward working with animal shelters and our specific activities, and whether we have positions available for your specific time slots, among other things.

I understand that CACC may use a third party to help recruit, train or organize volunteers. Your name, email and/or phone number will be shared with the third party for future notifications.

Printed Name _____

Signature _____

Date _____

CACC VOLUNTEER LIABILITY WAIVER

I, _____, wish to volunteer with the City of Chicago Commission on Animal Care and Control (hereinafter the "City"). I acknowledge and understand that working with animals may be dangerous and carries with it certain inherent risks that cannot be eliminated regardless of the amount of care taken to avoid injuries. These risks can result in serious injury or even death. I understand, appreciate and agree to personally assume any and all liability and risks of volunteering with the City and working with animals that may be dangerous and carries with it certain inherent risks. I affirm that I am at least eighteen (18) years of age.

I hereby RELEASE, WAIVE, DISCHARGE, INDEMNIFY, HOLD HARMLESS, AND COVENANT NOT TO SUE, the City, its officials, agents, employees, officers, and representatives from every penalty, claim, loss, cost, damage, demand, action, cause of action, all attorney's fees, lien and/or expenses arising out of or related to any loss, damage, or injury, including death, that may be sustained by me, or to any property belonging to me, during my performance of any volunteer work with the City, including but not limited to any volunteer work performed at the City facility located at 2741 South Western Avenue, Chicago, Illinois 60608, or at the City facility located at 2861 North Clark Street, Chicago, Illinois 60657, any volunteer work performed off-site for or in conjunction with the City, as well as any failure of observance of any rules, regulations or policies of the City. The City shall not be liable for injury to me or damages to my property arising from any act or omission of the City, the City's contractors, invitees, employees, any third party, volunteers, or any animal.

I agree to INDEMNIFY AND HOLD HARMLESS the City from and against all claims of whatever nature (including, but not limited to, medical costs), arising from any of my acts, omissions or negligence, or arising from any accident, injury, or damage whatsoever caused to me, any other person, animal or to my property or the property of any person occurring while I am providing volunteer work to the City, or arising from any accident, injury, or damage occurring on the City's premises. I further agree to INDEMNIFY AND HOLD HARMLESS the City, its officials, agents, employees, officers, and representatives from any and all claims, actions, suits, procedures, costs of any kind (including, but not limited to, medical costs), expenses, damages and liabilities, including attorney's fees and court costs brought by any party as a result of my involvement in any aspect of volunteering with the City. I agree to reimburse the City for any such expenses incurred.

In consideration for my acknowledgment of and agreement with all provisions of this Liability Waiver, the City agrees to allow me the limited privilege of volunteering with the City. I understand and agree that as a volunteer, I am not an employee of the City, and I am not entitled to any compensation or benefits of any kind. I propose to serve entirely without compensation as a volunteer worker for such period or periods and at such time or times as may be mutually agreed upon by me and the City. I understand that my gratuitous services do not entitle me to workers' compensation or any other insurance policy or benefits through the City.

I hereby agree that I have read and will not object to or challenge the protocols and procedures outlined in the City of Chicago ACC Volunteer Handbook. Violation of any of these guidelines or any other rules or directives imposed by ACC or the City of Chicago will be grounds for my immediate removal from the premises and termination of all future volunteer opportunities with the City. Further, I acknowledge that the City reserves the right to unilaterally modify, or terminate my privilege to volunteer at any time for any reason or no reason at all.

I hereby consent that the City and/or assignees is authorized to use my name, portrait, picture, photograph or any reproduction of myself for editorial and/or commercial purposes by the City. Permission is hereby granted to the City to make changes or alterations and/or use my name or fictitious one for such purposes.

I expressly agree that the foregoing liability waiver is intended to be as broad and inclusive as is permitted by the law of the State of Illinois or any other applicable federal laws and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal effect and force.

The City makes no representations or warranties whatsoever with respect to the environmental conditions, physical conditions, or working conditions of any of the properties where I shall volunteer. I am accessing the property completely at my own risk and the City Chicago cannot, and does not, guarantee my safety. I accept the use and access to City property in "As-Is" condition.

By signing below, I hereby agree that I have read this liability waiver in its entirety and fully understand all of its terms. I acknowledge that I am signing the liability waiver freely and voluntarily, and intend by my signature to completely and unconditionally release the City of all liability to the greatest extent allowed by law. The representations, conditions and commitments contained in this instrument shall be binding upon my estate, heirs, assigns, legatees, next-of-kin and personal representatives. I understand that, by signing this document, I may be giving up rights afforded to me by law and willingly, voluntarily, and forever waive such rights.

Printed Name: _____ Signature: _____

Date: _____ Event Location: _____ Age _____

DL # _____ State _____ Other ID # _____

TETANUS SHOT VERIFICATION

The undersigned states that his/her last tetanus shot was received within the last (5) years.

Date of last tetanus shot _____ (month & year)

Signature: _____ Date: _____



COMMISSION ON ANIMAL CARE AND CONTROL
CITY OF CHICAGO

VOLUNTEER CONFIDENTIALITY AGREEMENT

The City of Chicago, has agreed to have _____ Volunteer within the City of Chicago, Department of Animal Care and Control in a temporary assignment starting _____.

I hereby acknowledge that during the course of my Volunteer work, some of the information that I handle may be privileged, confidential and exempt from disclosure under applicable law. I acknowledge that any dissemination, distribution or copying of this information for any purpose other than for what is intended, is strictly prohibited.

I, _____, also agree that under no circumstances during my temporary assignment or thereafter, for as long as said information remain confidential, will I break this Confidentiality Agreement without written consent from the City of Chicago.

Signature

Date

Hire Certification Form

VOLUNTEER

Candidate Name: _____

Job Title: _____

N/A

Title Code

N/A

CAREERS Requisition: _____

N/A

Dept #: 073

(e.g: 033-2015-001)

(e.g: #143228)

Hire Type: _____

Sr. Mgr

Non-Interview

Interview

Student

Volunteer

Other

Political reasons or factors and other improper considerations shall not play a role in any hiring recommendations or decisions.

Political reasons or factors include, but are not limited to:

- 1 a person's membership in a political party, organization, or group, including the fact that a person is a Democrat or a Republican, or lack thereof;
- 2 a person's work on a political campaign, except as it relates to that applicant's relevant work experience, or a person's decision not to work on a political campaign;
- 3 the fact that a person contributed to, raised money for, or provided something else of value to a political organization or candidate for public office, or the fact that a person chose not to take such actions;
- 4 a person's expressed views or beliefs on political matters, such as whether the applicant favored or opposed certain candidates or elected officials, public policy issues, or governmental actions or inactions; and
- 5 a recommendation from a public office holder, the public office holder's staff, or a political party official that is not based on actual knowledge of a person's work skills, work experience, or other job-related qualifications (recommendations based on personal knowledge of a person's work skills, work experience, or other job-related qualifications are permitted).

Improper considerations include any other factors which are not job-related including, but not limited to:

- 6 a personal relationship with an applicant (family, friendship, or other personal connection);
- 7 an applicant's relationship to a City official or to a union, civic, or other organizational leader; and
- 8 any other reason or factor that is not based on the applicant's skills, experience, or other job-related qualifications.

I certify that I am aware of and am in full compliance with the above stated prohibitions regarding personnel decisions by the City of Chicago insofar as they apply to me. I certify, under penalty of perjury, as provided by law, that, to the best of my knowledge and after due inquiry, political reasons or factors did not enter into any City employment actions taken with respect to the applicants in the hiring process for the above referenced position. I understand that failure to comply with the above prohibitions, including failure to disclose any personal relationships with applicants and failure to submit an accurate Hire Certification Form, may result in disciplinary action up to and including immediate termination and may subject me to prosecution for perjury under Illinois law.

Check the role in the hiring process in which you participated, initial the box and sign at the bottom.

_____ Candidate Selected for Hire

Initials

Signature

Print Name

Date



Volunteer Handbook

CACC VOLUNTEER CODE OF CONDUCT

Chicago Animal Care and Control ("CACC") is committed to high ethical and legal standards, and the principles of respect, compassion, fairness and dignity in all its animal control and sheltering interactions, and in its interactions with volunteers, employees and the public. Dedicated volunteers are essential for helping CACC uphold this commitment, and CACC is grateful for each dedicated volunteer. CACC can be a physically and emotionally challenging place to volunteer. Notwithstanding, all volunteers agree to abide by the following Code of Conduct:

- **I will abide by all rules, policies and procedures in the Volunteer Handbook.**
- I will treat each CACC manager, employee, fellow volunteer, and member of the public served by CACC with respect & dignity.
- I will treat all animals with compassion & respect, and NEVER intentionally harm an animal.
- **I will not disrupt or interfere with the daily work of CACC managers or employees except for emergencies, or engage in confrontational, discourteous, or harassing behavior with any CACC manager or employee.**
- I will not enter restricted areas of the facility unless I request permission and obtain it, and am accompanied by a CACC manager or employee.
- I will not speak on behalf of CACC to any representative of the media. Media inquiries regarding CACC should be directed to the Executive Director or his/her designee.
- I will abide by CACC's policies regarding photography, videotaping, and promoting the animals.
- If I am unsure of an answer, policy, or procedure, I will ask CACC's Animal Placement Coordinator, Shelter Manager, or designee, and confirm.
- **I will alert CACC's Animal Placement Coordinator, Shelter Manager or designee of any health or behavioral concerns, or kennel condition concerns that I may have about any animal in the facility.**
- I will abide by all CACC rules, policies, and procedures regarding the treatment, training or care of animals at the facility, in foster care, and at special events.
- Should I have a concern/complaint with CACC staff or another volunteer, I will report this to CACC's Director or Deputy Director.
- I will support CACC's goal of cultivating a culture of positivity and respect between staff, volunteers and the public.
- I will uphold CACC's mission.

If you cannot uphold the Code of Conduct, please do not volunteer with CACC.

I have read and understand the Chicago Animal Care and Control (CACC) Volunteer Policies and Code of Conduct. I agree to abide by them and I understand that my volunteer service can be terminated by CACC management for my failure to abide by the Chicago Animal Care and Control (CACC) Volunteer Handbook and Code of Conduct.

Name (please print): _____

Signature: _____ Date: _____

Received By (CACC Staff): _____ Date: _____

Receipt and Acknowledgement of the CACC Volunteer Handbook

The Volunteer Handbook is an important document intended to help volunteers become acquainted with Chicago Animal Care and Control. The handbook should serve as a guide and individual circumstances may call for individual attention.

Please read the following statements and sign below to indicate receipt and acknowledgment of the Volunteer Handbook and Code of Conduct.

- 1) I have received and read a copy of the CACC Volunteer Handbook and the Code of Conduct. I understand that the policies and rules described therein are subject to change at the sole discretion of the City of Chicago. I understand that this Handbook supersedes all previous Volunteer materials.
- 2) I understand that, should the content of the Volunteer Handbook be changed in any way, I may be required to provide an additional signature to indicate that I am aware of and understand any new or updated policies.
- 3) I understand that my signature below indicates that I have read and understand the above statements and have received a copy of the Volunteer Handbook and Code of Conduct.
- 4) I understand that CACC may use a third party to help recruit, manage, train, or organize volunteers. I understand my name, email and/or phone number will be shared with the third party for future notifications.

Volunteer's Printed Name

CACC Representative Printed Name

Volunteer's Signature

CACC Representative Signature

Date

Date



**CITY OF CHICAGO
STATEMENT OF PURPOSE
FOR THE COLLECTION OF SOCIAL SECURITY NUMBERS**

The Illinois Identity Protection Act, 5 ILCS 179/1 *et seq.*, requires every local and state government agency to have an Identity Protection Policy and to provide a Statement of Purpose explaining why the agency is collecting and using an individual's Social Security Number ("SSN"). The City of Chicago is providing you with this Statement of Purpose because you have been asked to provide your SSN or because you requested a copy.

Why have you been asked for your SSN?

You are being asked for your SSN for one or more of the following permissible reasons:

- Identity verification
- Fraud prevention
- Law enforcement investigation
- Background check
- Child support collection
- Billing, payment or debt collection
- Employment-related administrative purposes
- Pursuant to a court order, warrant or subpoena
- City license application
- To comply with State or federal law, rules or regulations or because the City agency making the request requires the SSN to perform its duties and responsibilities

What does the City of Chicago do with your SSN?

The City will only use your SSN for the purpose for which it was collected.

The City will not:

- Sell, lease, loan, trade or rent your SSN to a third party for any purpose;
- Publicly post or display your SSN;
- Print your SSN on any card required to access City services;
- Require you to transmit your SSN over the Internet unless the connections secure or your SSN is encrypted; or
- Print your SSN on any materials that are being mailed to you unless State or federal law requires that number to be on such documents or unless the City is confirming the accuracy of your SSN. If mailed, your SSN will not be visible without opening the envelope in which it has been mailed.

If you have questions or comments about this Statement of Purpose, write to:

City of Chicago Board of Ethics
740 North Sedgwick Street
Suite 500
Chicago, Illinois 60654

Revised on 4/28/2014

City of Chicago Fingerprint Information Form

All volunteers must pass a fingerprint background check prior to volunteering with ACC. Fingerprinting services are provided by the City of Chicago Department of Human Resources located at City Hall, 121 N. LaSalle Street, Monday through Friday from 9:00 a.m. to 3:00 p.m.

Below is the information required for fingerprint processing. After the information provided is entered into the City of Chicago database, you will receive a confirmation number and additional instructions via email. You may then proceed to City Hall for fingerprinting.

PLEASE PRINT CLEARLY

Name MUST match full name from current Driver's License or State ID

Last Name:		First Name:	
Social Security Number:			
Birth Place (State):		Birth Date:	
Please provide the following information from your Drivers License or State ID			
Sex:		Race:	
Height:		Weight:	
Eye Color:		Hair Color:	
Type of ID:			
ID Number:		Issuing State:	
Please Provide CURRENT Information			
Home Address:			
City :			
State:		Zip Code:	
Phone Number:			
Email Address:			

*Please note that if you decide not to include your Social Security number, there may be a delay in the processing of your fingerprints. This form will be shredded as soon as this information is added into the City's IClear Fingerprint system.

The fingerprint background check can take as long as 6 weeks for clearance.