



## **EL PASO ANIMAL SERVICES Special Projects Volunteer Application**

Return to:

### **City of El Paso Services - Volunteer Program**

5001 Fred Wilson Road

El Paso, Texas 79906

For Questions: email [EPASvolunteer@elpasotexas.gov](mailto:EPASvolunteer@elpasotexas.gov) or (915) 212-8841

Name (please print): \_\_\_\_\_

Address: \_\_\_\_\_ Zip Code \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Number: \_\_\_\_\_

Relationship: \_\_\_\_\_

Name of Organization or School: \_\_\_\_\_

Sponsor(s) must be present at all times, if student(s) is under 18 years of age.

Dress code: No open-toed shoes, absolutely no shorts, no crop pants, recommended no facial piercings. Full length pants and closed-toe shoes only. Please bring in a picture ID.

Have you been convicted for any crime, including sex-related or child abuse offenses?  
No \_\_\_\_\_ Yes \_\_\_\_\_ If yes, please attach explanation on the back of this sheet

I have volunteered my services to the City of El Paso Animal Services Volunteer Program. I hereby release the City of El Paso and Animal Services and its officers, directors, employees, advisors, agents, patrons, and volunteers from any liability, any loss, cost, or damage to me or my property arising out of or in connection with my activities and/or time spent in connection with this one-day special project work/volunteer and/or event. I certify that my statements in this application and other required forms, are true, and complete, and correct to the best of my knowledge and belief. I also agree that ALL statements made on this application may be investigated. I consent to the release of information, about my ability and fitness for volunteering with the City of El Paso. I understand that information from my application or resume may be subject release to the public under the Texas Public Information Act.

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

Parent Signature if under 18 years old: \_\_\_\_\_

Print Name of Parent: \_\_\_\_\_ Parent Cell Number: \_\_\_\_\_

**PLEASE REGISTER  
ONLINE**



## **PLEASE COMPLETE PAGE 2**

### Consent and Release from Liability

I, \_\_\_\_\_ hereby consent to being photographed by agents, employees and contractors of the City of El Paso, cable Channel 15 ("Cable 15"), and/or the City of El Paso Animal Service for the production of a City 15 Program that will be cablecast for related social media productions to include social media platforms and website productions and for all purposes related thereto. I further authorize Cable 15, the City of El Paso, the City of El Paso Animal Services, its agents, employees and contractors to copyright, use, reuse and re-publish any still or video photographs of me, as well as any electronic recordings and other social media related productions or illustrations, in whole part. I also consent to the use of my photograph with any printed matter connected therewith.

I hereby waive any right that I may have to inspect and improve and approve the finished product(s) and printed matter that may be unused in connection therewith. I hereby agree to release and hold harmless City 15, the City of El Paso, its officers, agents, and employees from all liabilities, losses, suits, claims, judgments or demands arising out of use of pictures of other personal information for the purpose set out in this Consent and Release Form.

By signing the Consent and Release Form, I also acknowledge that I have been advised that my participation of any materials by the above mentioned for the purpose set out herein for which my photograph or voice recording might be used is purely voluntary on my part.

I further understand that I will not be compensated in any way for the use of my picture or voice recording and waive any right I might have to compensation.

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

Relationship (if applicable) \_\_\_\_\_

Address: \_\_\_\_\_

If under 18, Parent signature required:

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