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|  | |  | | --- | | Carbon County Animal Rescue & Rehab Surgical Center’s Inc | |

Compliments of:

# VOLUNTEER APPLICATION

Name

Date

Zip

Street

City

ST

Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)

DOB

**(**

**must be 18 or older)**

SS#

May we contact you at work? YES NO

If “YES”, during what hours?

Employment Position

Email Address(s)

How did you learn about Volunteering at the [Carbon County Animal Rescue & Rehab Surgical Center’s Inc (Please indicate all that apply)

Newspaper \_\_\_\_\_Student Credit Program \_\_\_\_\_Current Volunteer (who?)

Other

**VOLUNTEER TIME:**

When are you available? Please indicate days and shifts in which you are most interested:

\_\_\_\_\_Sunday \_\_\_\_\_Monday \_\_\_\_\_Tuesday \_\_\_\_\_Wednesday \_\_\_\_\_Thursday \_\_\_\_\_Friday \_\_\_\_\_Saturday \_\_\_\_\_Mornings

\_\_\_\_\_Afternoons \_\_\_\_\_Evenings other

Please check the activities that interest you most: \_\_\_\_\_Dog Walking/Kennel Care \_\_\_\_\_Cat/Cage Care \_\_\_\_\_Adoption/ Reception

\_\_\_\_\_Fostering \_\_\_\_\_Special Needs/Pet Therapy \_\_\_\_\_Medical Care \_\_\_\_\_Fundraising \_\_\_\_\_Marketing \_\_\_\_\_Computer Support

\_\_\_\_\_General Cleaning \_\_\_\_\_Grounds Keeping \_\_\_\_\_Newsletter \_\_\_\_\_Shelter Tails TV Show \_\_\_\_\_Web Page \_\_\_\_\_Grant Writing \_\_\_\_\_Public Education \_\_\_\_\_Event Coordination \_\_\_\_\_Adopt-A-Thons \_\_\_\_\_Other

**EMERGENCY CONTACT:**

|  |
| --- |
| In case of emergency, whom should we notify? For your safety, please list two (2) persons:  Name Relationship  Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)  Address  Name Relationship\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Phone (H) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (W) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (C)  Address |

NOTE: A limited number of volunteers are needed for each activity. If no openings are currently available for the activity of your interest, your application will be held in our active file for three (3) months.

The [SHELTER NAME] seeks to provide a safe and secure haven for its animal residents. In achieving this goal, the organization, [facility name], requires all volunteers to attend an Orientation Seminar and to comply with all its policies and procedures aimed toward maintaining animal health and safety. These policies and procedures are provided in written form to all volunteers and are available at the shelter.

Signature

Facility Name Here

# [Carbon County Animal Rescue & Rehab Surgical Center’s Inc. Volunteer Code of Conduct

1. I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, while acting as a volunteer of **Carbon County Animal Rescue & Rehab Surgical Center’s Inc**, understand that **Carbon County Animal Rescue & Rehab Surgical Center’s** Inc is dedicated to improving the condition of animals in the [City or County] area through education, fundraising, and other means. In an effort to effectuate those purposes, there are policies and procedures I must follow for the efficient operation of **Carbon County Animal Rescue & Rehab Surgical Center’s Inc**] and for the benefit and protection of individual rights and the shelter animals.
2. I acknowledge and accept the following Code of Conduct and understand that my position as a volunteer could be jeopardized if I do not adhere to these standards. I agree that I will **not engage** in the following conduct:
3. Discourtesy or abusive language or behavior to shelter patrons, other volunteers, shelter management, or members of the Board of Directors;
4. Uncooperative behavior with other volunteers, shelter management, or the Board of Directors;
5. The negligent or intentional destruction of [Carbon County Animal Rescue & Rehab Surgical Center’s Inc property;
6. Violation of any safety rules or endangering the health or safety or any other person or shelter animal; 5 Participating as a shelter volunteer while under the influence of alcoholic beveages or illegal substances; 6 Involvement in criminal activity that leads to, or has previously resulted in, a criminal conviction.

**III.** I understand and acknowledge that inappropriate conduct will result in disciplianary When I am acting in my capacity as a shelter volunteer, I agree to be properly attired. This means, at minimum, I will wear a shirt, shorts or pants, and footwear that adequately protects both feet. In addition, I agree to wear a name tag provided by [Carbon County Animal Rescue & Rehab Surgical Center’s Inc] if I work during public hours.

ry action at the discretion of the shelter management and/or Board of Directors.

I understand and acknowledge the importance of addressing with Carbon County Animal Rescue & Rehab Surgical Center’s Inc. management and/or Board of Directors any issues or concerns I may have regarding the policies and procedures of **Carbon County Animal Rescue & Rehab Surgical Center’s Inc**

Shelter Volunteer Signature Date

## Friends of the Carbon County Animal Rescue & Rehab Surgical Center’s Inc. Volunteer Release of Liability and Hold Harmless Agreement

All persons volunteering at the shelter or participating in any event or activity organized or sponsored, in whole or in part, by the Friends of the [Facility Name] are required to read, agree to, and sign this waiver before participating in any such event or activity. Please acknowledge that you have read each section by initialing where indicated.

### 1. Waiver of Liability for Services Performed On Site

I hereby release and forever discharge Carbon County Animal Rescue & Rehab Surgical Center’s Inc, the City of [Carbon and surrounding states ], the Friends of the Carbon County Animal Rescue & Rehab Surgical Center’s Inc, and its employees, volunteers, directors, officers, administrators, agents, and assigns (hereinafter collectively and severally referred to as “Carbon County Animal Rescue & Rehab Surgical Center’s Inc from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, at the Carbon County Animal Rescue & Rehab Surgical Center’s Inc facility located at [336 east main street in Waterloo, NY **Initial Here:** \_\_\_\_\_\_

### 2. Waiver of Liability for Services Performed Off Site

I hereby release and forever discharge Carbon County Animal Rescue & Rehab Surgical Center’s Inc from all liability for any and all claims, demands, actions, causes of action or suits of any kind whatsoever, and particularly on account of any injuries, to person or property sustained while performing services, voluntary or otherwise, on behalf of, or in conjunction with, Carbon County Animal Rescue & Rehab Surgical Center’s Inc, occurs as a result of participation in any event or activity sponsored or endorsed by Carbon County Animal Rescue & Rehab Surgical Center’s Inc, including, but not limited to, any event or activity promoted in connection with Carbon County Animal Rescue & Rehab Surgical Center’s Inc] or its membership program and travels to/from any such event. **Initial Here:** \_\_\_\_\_\_

### 3. Responsibility for Personal Pets and Agreement to Indemnify

I agree that any injury, damage, or loss, of any kind whatsoever, to any person, animal, or property at any Carbon County Animal Rescue & Rehab Surgical Center’s Inc event, or at the Carbon County Animal Rescue & Rehab Surgical Center’s Inc, caused by my own pet, or a pet which is otherwise in my possession, is solely my responsibility and I will indemnify, save and hold harmless Carbon County Animal Rescue & Rehab Surgical Center’s Inc from any damages, costs, losses and expenses including, but not limited to bodily injury, property damage, including but not limited to legal fees, courts costs, and litigation expenses. **Initial Here:** \_\_\_\_\_\_

### 4. Responsibility to Report Injuries

I agree to immediately report all injuries or disease I may receive while on the property of the [Facility Name] or while working in the service of Carbon County Animal Rescue & Rehab Surgical Center’s Inc, including but not limited to animal bites, deep scratches, and slips or falls. I agree to file an Incident Report immediately following any such injury. If I am unable to file a written report, I agree to contact the Shelter Manager or Assistant Shelter Manager within 24 hours of the incident and inform them of said incident. **Initial Here:** \_\_\_\_\_\_

### 5. Agreement to Indemnify

I further agree that if, despite this Release of Liability and Hold Harmless Agreement, I or anyone on my behalf makes a claim against Carbon County Animal Rescue & Rehab Surgical Center’s Inc I will indemnify, save and hold harmless Carbon County Animal Rescue & Rehab Surgical Center’s Inc from any damages, losses and expenses including, but not limited to, legal fees, courts costs, and litigation expenses.

I agree to indemnify and hold harmless Carbon County Animal Rescue & Rehab Surgical Center’s Inc from any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand or cause of action brought against Carbon County Animal Rescue & Rehab Surgical Center’s Inc, jointly or individually, for bodily injury, death or property damage suffered as a result of my own negligent, reckless or willful act, omission in the performance or failure to perform his/her volunteer services. (EXAMPLE: a volunteer is drunk driving Carbon County Animal Rescue & Rehab Surgical Center’s Inc van which then hits and kills a 3rd person. Estate of 3rd person sues Carbon County Animal Rescue & Rehab Surgical Center’s Inc; the signer of this agrees to pay the judgment against Carbon County Animal Rescue & Rehab Surgical Center’s Inc

**Initial Here:** \_\_\_\_\_\_

### 6. Acknowledgements

Neither this waiver nor the circumstances leading to its execution shall be deemed an acknowledgement by that, as Carbon County Animal Rescue & Rehab Surgical Center’s Inc the date hereof, any such claim exists or will exist or that the activities and events of Carbon County Animal Rescue & Rehab Surgical Center’s Inc are hazardous or present any unusual risks.

I acknowledge and agree that I: (a) fully understand the meaning of this Release and Waiver and recognize my right to seek the advice of an attorney before signing it; (b) have signed it freely and without any inducement or assurance of any nature; (c) intend it to be a complete unconditional release of liability to the greatest extent allowed by law; and (d) agree that if any portion of this agreement is held to be invalid the balance notwithstanding shall continue in full force and effect. The acceptance of this release shall not operate as an admission of liability on the part of anyone, nor as a waiver or bar with respect to any claim that I may have against the undersigned.

This release is binding on my heirs, executors, assigns and administrators. The undersigned is aware of the risks of attending, traveling to and participating in said events or activities and hereby assumes all risks. The risks include those foreseen and unforeseen, known and unknown. **Initial Here:** \_\_\_\_\_\_

I hereby declare that I am over the age of eighteen (18) years old and that I have read and understood and voluntarily accept the terms and conditions of this Release of Liability and Hold Harmless Agreement.

**Signature:**  **Date:**

**Print Name:**

**Current Address:**