



Volunteer Application

Campbell County Animal Shelter

Name _____ Date _____

Date of Birth _____

Home Address _____

City _____ State _____ Zip _____

Mailing Address (if different) _____

City _____ State _____ Zip _____

Email _____

Primary Phone _____ Secondary Phone _____

Best time to contact _____

Driver's License Number _____ State _____ Expiration _____

Name of Emergency Contact _____ Phone: _____

Current Employer Name and Address:

Describe direct experience working with or caring for animals:

Select ALL categories of interest to you.

___ Greeter/front desk work

___ Helping Hand

The following will require additional training which we will provide:

___ Kennel Attendant-feeding and cleaning

___ Cat Care – Feeding and Cleaning

___ Grooming/Bathing

___ Special Event assistant

___ Off-site adoption events assistant

___ Dog Walker

___ TNR assistant

___ Adoption Counselor

Schedule:

Volunteers are expected to commit to a minimum of 4 hours a month for a 6 month commitment. You are responsible for scheduling your shifts at least one week in advance.

Once you complete Volunteer Orientation you may begin scheduling shifts. Shifts are scheduled in 2 hour intervals.

Statement of Agreement

Please read each statement, initial the line, and indicate agreement by your signature below:

___ I agree to return the volunteer shirt provided to me once I decide I no longer wish to volunteer

___ I agree not to consume, use, possess or be under the influence of any drug or alcohol products while volunteering for Campbell County

___ I understand that any conduct or pattern of conduct that would tend to disrupt, diminish or otherwise jeopardize public trust in the Campbell County Animal Shelter will result in dismissal.

___ **CONFIDENTIALITY OF CERTAIN RABIES VACCINATION CERTIFICATE AND DOGS/CAT REGISTRATION INFORMATION.** I understand that information contained in a rabies vaccination certificate and/or dog and cat registration or in any record compiled from the information contained in them that identifies or tends to identify an owner or an address, telephone number, or other personally identifying information is confidential. The information may be disclosed only to a governmental entity or a person that, under a contract with a governmental entity, provides animal control service or animal registration services for the governmental entity for purposes related to the protection of public health and safety.

___ I understand that my volunteer assignment with the Campbell County Animal Shelter may be terminated at any time

___ I understand that depending upon the nature of the volunteer assignment, the Campbell County Fiscal Court may deem it necessary to obtain a Driver's License Record and/or a Criminal Conviction History and Wanted Information Reports on individuals volunteering for the Campbell County Animal Shelter. I hereby consent to the Campbell County Fiscal Court to perform a background check that may consist of a Driver's License Record search, a Criminal History check and/or State Sex Offenders list search. *I release, relinquish, and hold harmless the Campbell County Fiscal Court/Animal Shelter, its employees, agents and representatives, from all causes of action or liability, which I may have or which may arise out of, or because of, the reports herein authorized. Furthermore, I understand that my failure to execute this informed consent will result in my not being further considered for employment or volunteerism.*

___ I have NOT been convicted and/or placed on probation for any criminal offense. If you have been convicted and/or placed on probation, please list date and nature of the offense _____

Signature _____ Date _____

Full Name (please print) _____

Please return form to the Campbell County Animal Shelter



**Campbell County Fiscal Court
Campbell County Animal Shelter
Waiver & Release of Liability For Shelter Volunteers**

In consideration of being permitted to serve in any way at in the Campbell County Animal Shelter as a volunteer, I as a participant or if participant is a minor/are minors, as parent and guardian of the minor participant ("I"):

1. **ACKNOWLEDGE**, agree, and represent that I understand the risks associated with volunteering at the Campbell County Animal Shelter and that I or the minor participant is qualified, in good health, and in proper physical condition to volunteer and willingly agree to comply with the stated and customary terms and conditions of the Animal Shelter Volunteer Handbook, the Animal Shelter Operations Manual and all other rules and directives provided by shelter employees. I further agree and warrant that if at any time I believe conditions to be unsafe for me or the minor participant, I will immediately discontinue further participation.
2. **FULLY UNDERSTAND** that:
 - a. Volunteering at the Animal Shelter, handling shelter animals and related ACTIVITIES INVOLVE RISKS AND DANGERS OF DAMAGE TO PERSONAL PROPERTY AND SERIOUS BODILY INJURY, INCLUDING PERMANENT DISABILITY, PARALYSIS, AND DEATH ("RISKS");
 - b. These Risks and dangers may be caused by the participant's own actions or inactions, the actions or inactions of others participating in the Activity, the condition in which the Activity takes place, or THE NEGLIGENCE OF THE "RELEASED PARTIES" NAMED BELOW;
 - c. There may be OTHER RISKS AND SOCIAL AND ECONOMIC LOSSES either not known to me or not readily foreseeable at this time; and I FULLY ACCEPT AND ASSUME ALL SUCH RISKS AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I or the minor participant incurs as a result of my participation or that of the minor participant(s) in the Activity.
3. **HEREBY RELEASE, DISCHARGE, AND COVENANT NOT TO SUE** all persons, agencies, parties, or organizations associated with the Campbell County Fiscal Court, and/or Campbell County Animal Shelter, including their respective, administrators, directors, agents, officers, members, volunteers, and employees, other participants, as well as any sponsors and advertisers along with any of their affiliates, agents, representatives, assigns, successors, officers, directors, shareholders, and employers, and if applicable, owners and lessors of premises on which the ACTIVITY takes place, including, but not limited to, Campbell County Animal Shelter, AJ Jolly Park, Penderly Park, Campbell County Parks & Recreation/Campbell County Fiscal Court and any affiliates or subsidiaries of such entities, any successors and assigns of such entities, and any officers, directors, shareholders, agents, and/or employees of/or associated with such entities (each considered one of the "RELEASED PARTIES" herein) FROM ALL LIABILITY, CLAIMS, DEMANDS, LOSSES, INJURIES, DAMAGE TO PROPERTY, OR OTHER DAMAGES ON MY/OUR ACCOUNT OR THE MINOR PARTICIPANT(S) ACCOUNT CAUSED OR ALLEGED TO BE CAUSED IN WHOLE OR IN PART BY THE NEGLIGENCE OF THE "RELEASED PARTIES" OR OTHERWISE, INCLUDING NEGLIGENT RESCUE OPERATIONS; AND I FURTHER AGREE that if, despite this RELEASE AND WAIVER OF LIABILITY, ASSUMPTION OF RISK, AND INDEMNITY AGREEMENT I, or anyone on my behalf or on the minor participant's behalf, makes a claim against any of the "RELEASED PARTIES", I WILL INDEMNIFY, SAVE, AND HOLD HARMLESS EACH OF THE "RELEASED PARTIES" from any litigation expenses, attorneys' fees, loss, liability, damage, or cost which any may incur as the result of such claim.
4. My signature below also signifies that I and my child/children are privately insured with a medical insurance policy; I understand and give permission for the Parks and Recreation Department or local media to photograph or video tape my child or me during participation in Parks and Recreation Department sponsored activities and to utilize them in advertising and /or promotion both in print and on the County's website; In the event of an emergency, I give my permission for a representative of the Animal Shelter and/or ambulance service to provide treatment as is normal and prudent and to transport my child or myself to the nearest medical facility to render treatment.

I HAVE READ THIS AGREEMENT, FULLY UNDERSTAND ITS TERMS, UNDERSTAND THAT I HAVE GIVEN UP SUBSTANTIAL RIGHTS BY SIGNING IT, AND HAVE SIGNED IT FREELY AND WITHOUT ANY INDUCEMENT OR ASSURANCE OF ANY NATURE, AND INTEND IT TO BE A COMPLETE AND UNCONDITIONAL RELEASE OF ALL LIABILITY TO THE GREATEST EXTENT ALLOWED BY LAW,

AND AGREE THAT IF ANY PORTION OF THIS AGREEMENT IS HELD TO BE INVALID THE BALANCE, NOTWITHSTANDING, SHALL CONTINUE IN FULL FORCE AND EFFECT.

Print Name of Adult Volunteer: _____ Date: _____

Signature of Adult Volunteer: _____

Phone Number: _____

Emergency Contact (Name & Number): _____

Minor Children ages 8 to 17 that will accompany Adult Volunteer:

Name	Date of Birth
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Name	Date of Birth
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Name	Date of Birth
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Name	Date of Birth
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FOR PARENT OR GUARDIAN OF PARTICIPANT(S) UNDER THE AGE OF 18

I AFFIRM AND ACKNOWLEDGE THAT I, THE PARENT OR GUARDIAN WITH LEGAL RESPONSIBILITY FOR THE MINOR PARTICIPANT(S), DO CONSENT AND AGREE TO HIS/HER RELEASE AS PROVIDED BY THE WAIVER AND RELEASE HEREIN.

Name of Parent/Guardian: _____ Date: _____

Signature of Parent/Guardian: _____