



SHENANDOAH COUNTY ANIMAL SHELTER

GROUP VOLUNTEER APPLICATION AND RELEASE FORM

GROUP AFFILIATION

(Patriot Pride, Boy Scouts, Youth Group, etc) _____

DATE: _____

NAME _____
Title First Middle Last Nickname

ADDRESS _____
City State Zip

HOME PHONE # _____

NAME OF PARENT/GUARDIAN VOLUNTEERING TODAY

NAME RELATIONSHIP PHONE #

SPECIAL SKILLS, TRAINING, INTERESTS, OR HOBBIES RELATED TO ANIMALS

DESCRIBE ANY PREVIOUS EXPERIENCE WORKING WITH ANIMALS

WE WOULD BE INTERESTED IN ANY VOLUNTEERING IN THE FUTURE? _____

I hereby agree to accept a position as a volunteer worker for the Shenandoah County Animal Shelter (SCAS) and in doing so agree to the following:

- 1) Accept and adhere to all policies of the SCAS and understand that failure to do so may result in my immediate termination as a volunteer.
- 2) Accept the guidance and decisions of the staff at the SCAS.

- 3) To maintain the dignity and integrity of the SCAS with the public, and honor with confidential information.
- 4) To understand the function of the paid staff, maintain smooth working relationship with them, and stay within the bounds of a volunteer.

I acknowledge that my services are strictly on a volunteer basis without pay or compensation of any kind. I understand all services that are preformed are at my own risk. I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury, including physical harm caused by an animal and/or exposure to diseased that can be passed from animals to humans. On behalf of myself, my heirs, personal representative and executors, I hereby release, discharge, indemnify and hold harmless the SCAS, its agents, servants, and employees from any and all claims, cause of action, or demands of any nature or cause including cost of attorney's fees incurred or sustained by me in any way connected with my services for the SCAS, including but not limited to animal bites, accidents, and injury.

_____ I represent that I have not been convicted of animal cruelty, neglect, or abuse.

(Volunteer Signature)

By signing below I adhere to all the policies of the SCAS

(Parent/ Guardian Volunteer Signature)