



SHENANDOAH COUNTY ANIMAL SHELTER

VOLUNTEER APPLICATION AND RELEASE FORM

DATE: _____

NAME _____
Title First Middle Last Nickname

Are you 18 years of age or older? _____ (Yes) _____ (No)
If under 18, birth date _____ (Month) (Day) (Year)

ADDRESS _____
City State Zip

HOME PHONE # _____ WORK PHONE# _____

OTHER TELEPHONE # _____ WORK CELL # _____

EMERGENCY CONTACT _____
NAME RELATIONSHIP PHONE #

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

ARE YOU AVAILABLE REGULARLY EACH WEEK? YES _____ NO _____

PLEASE INDICATE THE TIME WHICH YOU WOULD BE AVAILABLE TO VOLUNTEER:

MONDAY _____ FRIDAY _____
TUESDAY _____ SATURDAY _____
WEDNESDAY _____ SUNDAY _____
THURSDAY _____ ALMOST ANY TIME _____

WHY ARE YOU INTERESTED IN BECOMING A VOLUNTEER?

WHICH OPPORTUNITIES WOULD YOU BE INTERESTED IN VOLUNTEERING WITH?

_____ **Walk Dogs** — Volunteer should be confident, physically capable of handling any size animal.

_____ **Sudsy Friends** — Washing our furry friends is always a treat. They love to be brushed too! Brushes and shampoo is provided by the shelter.

_____ **Transportation** — Assist with Transportation of animals to the veterinarian or to meet a rescue group. (Must have valid Virginia Driver's License)

_____ **First Impressions** — Greet potential adopters, call adopters to follow up on their experience with their new pet, and send reminders to adopters about spaying and neutering their new pet. (Must be 16 years old)

_____ **Special Events** — Assist with special events and festivals to promote adoptions at various county locations.

_____ **Photographer** — Take photos/glamour shots of animals for PetFinder. Bring a friend to help hold our furry friends.

DESCRIBE ANY PREVIOUS EXPERIENCE WORKING WITH ANIMALS

WE WOULD BE INTERESTED IN ANY FURTHER INFORMATION YOU MIGHT WISH TO OFFER

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 disease 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)

(Parent/Guardian Signature if Under 18)