



# DAVIDSON COUNTY ANIMAL SHELTER

490 Glendale Rd., Lexington, NC 27292 336-357-0805

## Volunteer Application

Last Name: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ E-mail \_\_\_\_\_

Employer/Position \_\_\_\_\_

Date of Birth \_\_\_\_\_ Driver's License #/State \_\_\_\_\_ / \_\_\_\_\_

Emergency Contact Name \_\_\_\_\_ Relationship \_\_\_\_\_

Do you have any experience with animals? \_\_\_\_\_

How did you learn about the volunteer program at DCAS and why are you interested in volunteering at the DCAS? \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered before? If yes, for what organization and what activities were included? \_\_\_\_\_

\_\_\_\_\_

Have you ever volunteered or had association with any animal rescue/welfare organization? If so, for what organization? \_\_\_\_\_

Do you still volunteer with the above organization? If no, was it your decision to leave and why? \_\_\_\_\_

\_\_\_\_\_

What kinds of pets do you have (or had)? \_\_\_\_\_

Do you have any special talents, knowledge, resources or skills such as animal handling, kennel cleaning, obedience training, public relations, grooming, vet asst., animal rescue or customer service to share with DCAS in a volunteer capacity? \_\_\_\_\_

\_\_\_\_\_

Would you prefer to work with: dogs \_\_\_ cats \_\_\_ both \_\_\_

When are you available to volunteer? (Days and times) \_\_\_\_\_

Do you want to help with special events on weekends? (yes or no) \_\_\_\_\_

Are you volunteering in order to fulfill an educational service requirement? \_\_\_\_\_

If yes, please list the school: \_\_\_\_\_

Do you have any physical or medical limitations which may interfere with your ability to carry out assignments? If yes, please explain: \_\_\_\_\_

Please provide two references (name and phone#):

Reference #1 Name \_\_\_\_\_ Phone \_\_\_\_\_

Reference #2 Name \_\_\_\_\_ Phone \_\_\_\_\_

Criminal Background: Have you ever been convicted of a criminal offense? If yes, please state the offense, the offense date and disposition: \_\_\_\_\_

**I understand that my acceptance as a volunteer with the Davidson County Animal Shelter is subject to a favorable, routine inquiry of local law enforcement records. I do attest that the information I have provided is true to the best of my knowledge. I understand that the provision of false information is grounds for my immediate dismissal for the DCAS Volunteer Services.**

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

# ***Davidson County Animal Shelter***

## ***Volunteer Agreement, Liability Release and Acknowledgement, And Assumption of Risk Statement***

I, \_\_\_\_\_, a volunteer caring for animals at the Davidson County Animal Shelter, acknowledge by signing this form that I could experience an exposure to animal bites and/or disease or other injury while serving as a volunteer at DCAS. As a public agency that houses homeless animals, the DCAS often does not have a medical or behavioral history (including rabies vaccination or lack thereof), of the animals that volunteers come into contact with. While some training is provided, a certain amount of risk is always involved especially with unpredictable animals. The DCAS strongly recommends that all volunteers have current tetanus vaccinations and that persons with suppressed immune systems consult their physicians prior to volunteering.

I assume the risk of being bitten, scratched, or injured in any manner in connection with my volunteer work. I do hereby further acknowledge that I am volunteering my services to the Davidson County Animal Shelter of my own free will and that I agree for myself, my heirs, executors, and assigns to waive and release any legal rights that I may have to seek damages of any nature as against DCAS or Davidson County, its elected and appointed officers, its employees, or its agents for any injuries, illnesses, damages, liabilities, losses, judgements, costs or expenses as a result of my work at or participation in the volunteer program of the DCAS or in any other way arising out of my work or other participation in this program. The waiver and release is deemed to apply to all medical problems or injuries from all causes and including all payments or legal remedies I might be entitled to against the DCAS, Davidson County its elected and appointed officials, its employees and agents.

I agree to abide by all the rules, regulations policies and programs of the DCAS.

DCAS cannot guarantee placement of volunteers but will make every effort to match applicants with volunteer opportunities. Volunteers must be adults or at least 16 years of age with parental consent to volunteer at the DCAS.

I understand that public relations are an important part of a volunteer's activities on behalf of DCAS. I hereby authorize Davidson County and DCAS to use any photographs or video of me in its possession for public relations purposes.

All information concerning animals, clients, staff, financial data, business records and employees is confidential. No information about donors, patrons, or other volunteers may be released without specific authorization. Failure to maintain confidentiality may result in termination of the volunteer relationship with DCAS and/or personal liability.

All media inquiries are to be referred to the Director. These include inquiries pertaining to public complaints/incidents, as well as routine matters such as requests for interview, response to press release information, or special events.

Volunteers are subject to immediate dismissal if they engage in any activity which might be construed as sexual harassment or any use of DCAS's name, equipment or materials for any illegal, unauthorized or unethical purposes. Any volunteer who observes another volunteer or staff member engaged in unethical or illegal activity should immediately report the activity to the Director.

A DCAS volunteer shall not take any action that would result in the volunteer's financial benefit or the benefit of his immediate family members. Volunteers will not ask for or receive for themselves or for a member of their household or family, directly or indirectly, any monies or gifts from the DCAS or from the community. Any potential conflict of interest by a volunteer should be disclosed to the Director.

DCAS reserves the right to reject any volunteer for any reason, which the DCAS, in its sole judgement, determines will or may affect the best interests of the DCAS and Davidson County. Furthermore, the DCAS and Davidson County reserves the right to withhold the reason(s) for such refusal. Volunteer service is at the discretion of the DCAS. Volunteers agree that the DCAS may at any time, for any reason, decide to terminate the volunteer's relationship with the DCAS.

Volunteers may at any time, for any reason, decide to sever the volunteer's relationship with the DCAS. Notice of such decision should be communicated as soon as possible to the DCAS.

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**I have read and fully understand the foregoing, and I do hereby, of my own free will, execute the Liability Release and Acknowledgement and Assumption of Risk Statement.**

This the \_\_\_ day of \_\_\_\_\_, 20\_\_.

Signature \_\_\_\_\_

If under age 18, Parent/Guardian signature: \_\_\_\_\_

Witness: (DCAS Director or employee): \_\_\_\_\_

Date approved \_\_\_\_\_