

Volunteer Application

Volunteer duties include feeding and watering, cleaning kennels, providing fresh bedding and toys, socializing dogs, walking the dogs and photography for website promotion. Volunteer hours are on Monday thru Friday 8 am – 4 pm and Saturday from 8 am – 2 pm.

Name: _____ **Date:** _____

Address: _____

City: _____ **State:** _____ **Zip Code:** _____

Phone Number: _____ **Email:** _____

Volunteers must be 18 years of age or older to volunteer.

Birthday: _____ **Age:** _____

Emergency Contact: _____ **Phone Number:** _____

Current Employer Name: _____ **Work Phone Number:** _____

Do you have animals at home? Yes or No If yes, how many and kind: _____

Please detail your pet experience: _____

Why do you want to volunteer? _____

Please list any previous volunteer work:

| Name of Agency and Location | To/From (Dates) |
|------------------------------------|------------------------|
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**This is an animal shelter, please take precautions for any allergies you may have. Many shelter care tasks require bending and reaching. For some tasks a volunteer must be able to lift and carry up to 50lbs. We also use a variety of cleaning agents.

Please list any health or physical limitations we should be aware of: _____

Please indicate the days and times you are usually available to volunteer.

| | Mon | Tue | Wed | Thu | Fri | | Sat |
|----------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------|--------------------------|
| 8 am – 12 pm: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8 am – 11 am | <input type="checkbox"/> |
| 10 am – 12 pm: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11 am – 2 pm | <input type="checkbox"/> |
| 12 pm – 4 pm: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |
| 2 pm – 4 pm: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | |

I understand and agree that submitting this application does not automatically register me as a Medina County Animal Shelter volunteer, and there may be certain qualifications I must meet before I may begin volunteering. The Medina County Animal Shelter has the right to refuse any volunteer that has any limitations that may result in a safety issue to either themselves or the animals.

Thank you for your interest in the Medina County Animal Shelter.

Waiver of Claims

Acknowledging that working with animals can be inherently dangerous and may cause situations where an incident could occur causing injury, harm, damage and even death, the undersigned hereby acknowledges for and on behalf of the undersigned's benefit and all of the undersigned's successors and assigns, agents, representatives, attorneys, financial consultants, predecessors, spouses, heirs, principals, estates, beneficiaries, executors, administrators and all those acting by and through them (hereafter referred to as "Releasee"), does hereby release and forever discharge the Medina County Animal Shelter and all of its officers, directors, estates, beneficiaries, agents, spouses, heirs, principals, representatives, administrators, executors, attorneys, financial consultants, predecessors, successors, assigns all of those acting for and on behalf (hereinafter referred to as "Releasor"), from any and all causes of action or claims, of whatever kind of nature, by reason of any matter, including by way of example only and not as a limitation any and all claims of whatever kind of nature, actual or imagined, asserted or which may be asserted by Releasee against Releasor arising out of being at the premises of the Releasor, representing Releasor at any offsite function on behalf of the Releasor and in furtherance of Release working at, with or in connection with Releasor, for whatever cause, manner or purpose including but not limited to the care, handling, feeding, bathing, or caring for the shelter animals.

The Releasee hereby acknowledges that he/she is at least 18 years of age. The Releasee understands the terms of this Waiver and signs it of his/her free will that Releasee intends to be bound by the terms and conditions set forth in this Waiver of Claims. The Releasee hereby fully read and understands this Waiver of Claims, agrees to be bound by the conditions and terms set forth herein, and agrees that in the event there is a violation of any of the foregoing, Releasor may take whatever action it deems necessary to enforce this Waiver, and Releasee agrees to pay for any and all costs, of whatever kind of nature, including reasonable attorney's fees and costs, incurred by Releasor in connection with the enforcement of this Waiver of Claims or any of the terms contained therein.

This Waiver of Claims contains the entire agreement between the parties herein and the terms of this Waiver of Claims are contractual and not a mere recital.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____ Phone #: _____

Volunteer Agreement

I hereby accept the volunteer role at the Medina County Animal Shelter for no monetary compensation. I understand that working in the shelter or with shelter animals may expose me to certain risks inherent in animal caretaking and I voluntarily accept those risks. While at the Medina County Animal Shelter, I agree to conduct myself at all times in a manner which minimizes any risk to me or to the animals.

If I am pregnant or suffer any physical problems that may be affected in any way by cleaning or other chemicals used in connection with my volunteering that may be detrimental to my health or the health of my fetus, I will temporarily cease any activity of my volunteer position that may be detrimental. I understand that the dog warden has full operation control of the shelter volunteers and has the authority to take whatever action that is necessary in the case of a violation at the shelter of Medina County Animal Shelter policy or procedure.

In the event I have a complaint or criticism about any facet of my volunteering or about Medina County Animal Shelter policy or procedure, I agree to deliver such complaint or criticism in confidence, if necessary, to the dog warden or commissioner liaison of the handling through appropriate channels.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____ Phone #: _____

PHOTO WAIVER

I hereby grant Medina County Animal Shelter permission to use my likeness in a photograph and/or video in any or all publications, including press and website entries, without payment or any other considerations.

I understand that these publications will become the property of Medina County Animal Shelter and will not be returned. I authorize the above mentioned to edit, copy, exhibit and publish the photos for purposes of publicizing and promoting Medina County Animal Shelter and all functions held under that name.

In addition, I waive any right to any royalties or other compensation arising or related to the use of the photograph.

Volunteer Signature: _____ Date: _____

Volunteer Printed Name: _____ Phone #: _____