

Metter Animal Shelter

VOLUNTEER APPLICATION

Please Print Clearly

Date _____

Volunteer Profile

Name _____

Address _____ City _____ Zip _____

Home Phone _____ Cell Phone _____ Date of Birth¹ _____

E-mail Address _____

Were you referred by a current or former Metter Animal Shelter volunteer or staff member? If so, who?

Do you have a valid driver's license? Yes No

Have you been vaccinated for tetanus within the last 10 years? Yes No

What volunteer activities are you interested in? Please check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Dog Walker / Large Dogs | <input type="checkbox"/> Office/Clerical Assistance |
| <input type="checkbox"/> Dog Walker / Small Dogs | <input type="checkbox"/> General Cleaning (Laundry, Dishes, etc.) |
| <input type="checkbox"/> Dog Socializer | <input type="checkbox"/> Handyman/Maintenance |
| <input type="checkbox"/> Cat Socializer | <input type="checkbox"/> Special Events (Bloomin' Festival, Pet-o-Ween, Adoption Events, etc.) |
| <input type="checkbox"/> Pet Photography | <input type="checkbox"/> Transportation |

What days/times are you available to volunteer? Please check all that apply.

	Mon	Tue	Wed	Thur	Fri	Sat
Morning		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Afternoon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Various/Flexible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Aside from loving animals, why do you want to volunteer with the Metter Animal Shelter?

What do you hope to gain from this volunteer experience? What do you hope to contribute?

Have you done any other volunteer work? If so, when, where and what type of work?

¹ You must be at least 16 years old to volunteer at Metter Animal Shelter. If under 18, parent or legal guardian must consent.

Have you ever been convicted or charged with a felony crime against people or animals? (Conviction will not necessarily disqualify you from volunteering. We may conduct a background check, and if you do not provide complete and truthful information, you could be rejected or terminated.) Please check one: Yes No
If yes, please explain.

Do you have any allergies or physical, medical (including pregnancy), psychological limitations or disabilities that might hinder you from safely performing any potential duties? If yes, please list.

Do you have any special skills or training in the following areas? Please check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Dogs/Puppies – Socialization/Behavior | <input type="checkbox"/> Creative/Graphics/Artistic Design | <input type="checkbox"/> EMT/Nursing/Paramedic |
| <input type="checkbox"/> Dogs/Puppies – Bottle Feeding | <input type="checkbox"/> Marketing | <input type="checkbox"/> Carpentry/General Repairs/Construction |
| <input type="checkbox"/> Dogs/Puppies – Injury/Illness Recovery | <input type="checkbox"/> Photo/Video Production | <input type="checkbox"/> Electrician |
| <input type="checkbox"/> Dogs/Puppies – Bathing/Grooming | <input type="checkbox"/> Fundraising/Event Planning | <input type="checkbox"/> HVAC |
| <input type="checkbox"/> Cats/Kittens – Socialization/Behavior | <input type="checkbox"/> Education/Teaching | <input type="checkbox"/> Painting |
| <input type="checkbox"/> Cats/Kittens – Bottle Feeding | <input type="checkbox"/> IT/Computers | <input type="checkbox"/> Plumbing |
| <input type="checkbox"/> Cats/Kittens – Injury/Illness Recovery | <input type="checkbox"/> Office Support – Telephone Answering/Data Entry | <input type="checkbox"/> Gardening/Landscaping |
| <input type="checkbox"/> Cats/Kittens – Bathing/Grooming | <input type="checkbox"/> First Aid/CPR | <input type="checkbox"/> Baking |

Please describe any previous animal-related experiences or unique skills not listed above.

Emergency Contact

Name _____ Relationship to You _____

Home Phone _____ Cell Phone _____ Work Phone _____

VOLUNTEER AGREEMENT TERMS AND CONDITIONS

Please Initial:

- _____ I agree to provide my volunteer services to Metter Animal Shelter of my own volition. I fully understand that I will receive no compensation, salary, employee benefits or payment of any kind for the services I render. This includes but is not limited to insurance programs, worker's compensation benefits, vacation or sick-time.
- _____ I acknowledge that I am responsible for providing my own medical, liability and auto insurance during my volunteer service.
- _____ I agree to complete all required orientation, training and paperwork relating to my volunteer activities.
- _____ I agree to read and fully comply with both the letter and the spirit of all Metter Animal Shelter policies, procedures, safety rules and regulations. I understand that policies and procedures are subject to change.
- _____ I fully understand and agree to assume all risks and dangers involved in any and all duties that I perform for Metter Animal Shelter including, but not limited to, animal handling. This includes, but is not limited to being bitten, clawed, or tripped, as well as possible exposure to canine, feline and zoonotic illnesses and diseases.
- _____ I fully understand and agree that I am not required to handle any animal or perform any activity with which I am uncomfortable.
- _____ I agree to treat all Metter Animal Shelter staff, volunteers, the animals, property, tools, and equipment with kindness and respect.
- _____ I fully understand that Metter Animal Shelter expects high standards of moral and ethical treatment of animals under its care. I agree to adhere strictly to these standards in my voluntary capacity at the shelter.
- _____ I fully understand and agree that volunteers represent the shelter to the community. I will not disseminate via email, social media, internet posts or other means, negative or demeaning statements concerning the shelter, its staff or volunteers.
- _____ I fully understand and agree that any disrespectful or misleading representation of the Metter Animal Shelter, its staff, volunteers, or other constituencies may be cause for immediate termination and revocation of volunteer privileges.
- _____ I will report any concerns of safety, wrongdoing, mishandling, etc. to the proper authority and fully understand and agree that I may do so without fear of retaliation or dismissal from the volunteer program. Please refer to Appendix A in the **Rules of Conduct for Metter Animal Shelter Volunteers** for additional details.
- _____ I agree to allow the Metter Animal Shelter to use any photographs or videotapes taken of me for use in public relations efforts.
- _____ I fully understand and agree that either I or Metter Animal Shelter can terminate this relationship at will.
- _____ I fully understand and agree that if I fail to comply with any and all of the obligations outlined above, the Metter Animal Shelter, at its sole discretion, may immediately terminate my services and revoke my volunteer privileges.

RELEASE

_____ *I fully understand that the handling of animals and other volunteer activities on behalf of the Metter Animal Shelter may place me in a hazardous situation and could result in an injury to me or damage to my personal property. On behalf of myself, my heirs, personal representatives, and assigns, I hereby release, discharge, indemnify and hold harmless the City of Metter, its Mayor, Council, and employees; Metter Animal Shelter and its directors, employees and agents from any and all claims, cause of action and demands of any nature, whether known or unknown, arising out of or in connection with my volunteer activities on behalf of Metter Animal Shelter.*

_____ *I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician. I release the Metter Animal Shelter from all responsibility that may occur because of my not pursuing this matter further, and I understand that whatever decision I make is at my own risk. I further agree that Metter Animal Shelter is not responsible for the expense of obtaining a tetanus vaccination.*

_____ *I authorize Metter Animal Shelter to conduct a background check and will supply the personal information necessary to do so.*

Printed Name of Volunteer (Please print clearly)

Signature of Volunteer

Date Signed

If you are under 18, your parent or legal guardian must sign below.

Parent or Legal Guardian

As a parent or legal guardian of the above named volunteer, I hereby give consent for my child or ward, as the case may be, to become a volunteer for the Metter Animal Shelter as described in the above Volunteer Agreement and, by the signature below, join in and agree to be bound by the terms and conditions of the release above.

Printed Name of Parent or Legal Guardian (Please print clearly)

Signature of Parent or Legal Guardian

Date Signed