

Miami County Animal Shelter
1110 N County Rd 25A
201 W Main St
Troy OH 45373

www.co.miami.oh.us

(937) 332-6919

(937) 332-7060 - fax

VOLUNTEER APPLICATION

Date _____

Name _____ Age _____ (must be at least 16 yr old)

Address _____ City/State/Zip _____

Phone Home _____ Work _____ Cell _____

Notify in case of emergency _____

E-mail Address _____

What days are you available to volunteer? M T W T H F S Time _____

Do you want to work a regular schedule or drop in as available? Reg Drop In

Previous Animal Experience _____

Are you now or ever volunteered for another shelter or rescue group? Yes___ No___

When? _____ Who? _____

What kind of volunteer work do you want to do?

Dog Socializing

Cat Socializing

Office Work

Lobby Greeter

Community Outreach

Spot Cleaning

Special Events

Marketing/PR

How did you hear about our volunteer program? _____

Other information you wish to share? _____

OVER

VOLUNTEER AGREEMENT

By signing below, I hereby accept a position as a Volunteer for the Miami County Animal Shelter (MCAS), upon the following terms, conditions and understandings.

Terms and Conditions

1. My services to MCAS are provided strictly in a voluntary capacity as a Volunteer, and without any express of implied promise of salary, compensation or other payment of any kind whatsoever .
2. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations or sick time.
3. I will familiarize myself and comply with MCAS's policies and procedures applicable to Volunteers. In particular, I fully understand that MCAS expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a Volunteer.
4. I understand that MCAS, without notice or hearing, may terminate my services a Volunteer at any time, with or without reason.

Release

1. I understand that the handling of animals and other Volunteer activities on behalf of MCAS may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless MCAS and its directors, officers, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of MCAS.
2. Understanding that public relations is an important part of a Volunteer's activities on behalf of MCAS, I hereby authorize MCAS to use any photographs of me in its possession for public relations purposes. I ask that MCAS use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.

Date

Signature of Volunteer

If you are under 18, we must have your parent or legal guardian's signature below.

PARENT OR LEGAL GUARDIAN (of volunteers 17 and younger)

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 MCAS 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 on the preceding page.

Date

Signature of Parent or Legal Guardian