



Volunteer Application

Fill out all that applies to you. Please print.

Name: _____

Age (if under 18): _____

Parent/Guardian name (if under 18): _____

Address: _____

City: _____ State _____ Zip: _____

Phone: _____

Email Address: _____

Are you a registered sex offender? _____

Have you ever been convicted of cruelty to animals? _____

Place of Employment: _____ How long? _____

Previous Animal Experience: _____

Why would you like to volunteer? _____

Staff initials _____ *Sex offender background check, date* _____

Privacy Agreement

Volunteer Program

Any information pertaining to the New Castle Henry County Animal Shelter/Pat's Pet Clinic records and cases which you may become privileged to (including names, addresses, phone numbers, etc.) as a result of your position is confidential and shall not be discussed with others. Under some circumstances the New Castle Henry County Animal Shelter/Pat's Pet Clinic staff may be prohibited from discussing with you certain specific details regarding cases that are under investigation, or pending criminal court action. Volunteers are specifically prohibited from discussing any aspect of the New Castle Henry County Animals Shelter/Pat's Pet Clinic records and cases with any representative of the press or media, including all forms of social media (facebook, twitter, Instagram, snapchat, etc.).

Confidentiality regarding personal information about clients and the outcome of individual animal situations must be maintained at all times. Volunteers will be exposed to information about members of the public who release and adopt pets from the New Castle Henry County Animal Shelter. All information shall be considered confidential and is not to be repeated or shared. Additionally, volunteers shall never discuss shelter animals with the public. This includes dogs and cats held in isolation and public adoption areas. This information shall never be shared casually or informally. Necessary information may only be shared with New Castle Henry County Animal Shelter/Pat's Pet Clinic Staff; this may include information that is needed to ensure safety of clients/staff or animals. Volunteers who break this confidentiality will be asked to resign from their volunteer duties.

Signature

Witness Signature

Date _____

Date _____

How would like to help?

Various Opportunities for Volunteers

We are pleased you are interested in helping care for the animals. Caring for the animals and maintaining the shelter is a very important job. We appreciate each and every volunteer and the value, efforts and talents they bring with them to the Animal Shelter. Please sign and date the application and our shelter representative will call or email you.

Please check the types of jobs that you would prefer or have had previous experience with.

_____ **Clean & Care for Dogs.** This includes walking dogs, playing with puppies, washing Dogs and cleaning kennels, bowls, etc.

_____ **Clean & Care for Cats.** This includes petting/playing with cats and kitten, washing cats, scooping/replacing litter and cleaning cattery cages, bowls, etc.

_____ **Yard Work.** This includes picking up sticks and trash, raking leaves, shoveling snow mowing grass (must be 18), weeding gardens and anything else that keeps the shelter looking great.

_____ **Maintenance.** This includes fixing various things around the shelter, replacing light bulbs, cleaning windows, etc.

Signature: _____ Date: _____

Volunteer Agreement

Assumption of Risk

Covenant not to sue and permission to volunteer at the NEW CASTLE HENRY COUNTY ANIMAL SHELTER and/or PAT'S PET CLINIC

The undersigned, _____ being desirous of permission to help at the New Castle Henry County Animal Shelter and/or Pat's Pet Clinic owned and operated by the Henry County Humane Society, Inc. and through its agencies and recognizing that there is apparent risk in working with animals, hereby in return for permission to work at the Animal Shelter and/or Pat's Pet Clinic assume such risk.

And further, the undersigned does hereby for himself/herself, his/her heirs, and executors assigns release, discharge and acquit the Henry County Humane Society, Inc., its representatives, employees, agents and officials for any liability or damage of any nature or description that may result from working at said Animal Shelter and/or Pat's Pet Clinic, and further waives and agrees for himself/herself and processors that no action of any nature shall be filed, maintained or litigated against the Henry County Humane Society, Inc., its representatives, employees, agents or officials.

And the Henry County Humane Society, Inc., in consideration for the assumption of risk and covenant not to sue of the undersigned does grant and authorize said individual the right to use Animal Shelter and/or Pat's Pet Clinic facilities and to render voluntary services in the Animal Shelter and/or Pat's Pet Clinic facility owned by the Henry County Humane Society, Inc. through its agents and employees.

Said assumption of risk and covenant not to sue and permission to do voluntary work granted a consideration thereof is for a period of time from _____ to _____ or until notification is given to the Animal Shelter and/or Pat's Pet Clinic.

Signature

Witness Signature