



Forsyth County Animal Shelter Volunteer Application



Last Name _____ First Name _____

Address _____

Day Phone _____ Evening Phone _____

Cell _____ receive texts? **Y** **N** Email _____

EMERGENCY Contact & Relationship

Name _____ Phone _____

***Please note if you are not 18 years or older, unfortunately you cannot volunteer at our shelter.**

Why are you interested in volunteering with FCAS?

Describe any previous experience working with animals:

Describe past and present volunteer jobs:

Are you available regularly each week? Yes _____ No _____

Please indicate your availability: (Hours are 8:30 am to 4:30 pm)

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Other than traffic violations, have you ever been convicted of any criminal offense?

Yes _____ No _____ If Yes, please explain:

Please mark all areas of interest:

_____ Dog Walker

_____ Cat Cuddler

_____ Foster Care

_____ Photographer

_____ Grooming/Bathing

_____ Transportation

_____ Special Events

Volunteer Release, Wavier and Indemnification

In consideration of being permitted to volunteer at Forsyth County Animal Shelter, I, the undersigned, voluntarily agree to the following:

1. I acknowledge that I am 18 years or older.
2. I agree to conduct myself in a courteous and professional manner as a volunteer and representative of the Forsyth County Animal Shelter, and I will treat all the animals with the highest respect.
3. I agree to follow all Forsyth County Animal Shelter policies and procedures and abide by all the instructions from the staff.
4. I agree that my volunteering services to the Forsyth County Animal Shelter are performed on a volunteer basis without pay, without medical or worker's compensation insurance and without compensation of any kind and all of my volunteering service hours are performed at my own risk. I agree that it is my responsibility to act in such a manner as to be responsible for my own safety while volunteering.
5. I authorize Forsyth County Animal Shelter to contact the emergency contact on this application and seek emergency medical care in case of my accident, illness or injury.
6. I have disclosed any and all relevant medical conditions on this application and will advise the Forsyth County Animal Shelter of any changes. I acknowledge that the Forsyth County Animal Shelter strongly recommends that I keep current with tetanus and rabies vaccines and to advise my doctor that I may be handling animals. I agree that all inoculations, medical care and medications are my own responsibility and I release Forsyth County Animal Shelter from all responsibility with respect to the same.
7. I give Forsyth County Animal Shelter exclusive right to use, publish or reproduce and photographs, drawings, writings and or copyrightable material produced of me or by me as a volunteer.

8. I agree to keep confidential indefinitely all Forsyth County Animal Shelter records and information regarding previous and new owners and Forsyth County Animal records.
9. I agree that the Forsyth County Animal Shelter may refuse or terminate my participation in its volunteer program at any time without notice.
10. To protect outside pets from contracting any potential shelter disease, and to prevent the shelter pets from developing illness from outside pets, I certify that all my personal pets in my home are current on their rabies, distemper, Bordetella and parvo vaccines.
11. I acknowledge the risks and dangers inherent in handling animals and in otherwise volunteering with the Forsyth County Animal Shelter and I freely assume and fully accept these risks. I hereby waive any rights to cause of action or future cause of action that I may have against the Forsyth County Animal Shelter and its directors, officers, agents, employees, servants, representatives and assigns (collectively, The Forsyth County Animal Shelter and its Representatives), and release, discharge, indemnify and hold harmless the Forsyth County Animal Shelter and its Representatives from and against all claims, actions, costs, expenses and demands, in respect of the following, not limited to death, injury, loss or damage to person or property, arising out of in connection with my volunteering, howsoever caused, even if such loss or injury is caused by the negligence or default of the Forsyth County Animal Shelter and its Representatives.
12. I agree to this waiver, indemnity and consent on behalf of myself, my heirs, executors and assigns.

Signature _____

Print Name _____

Date _____