A drawing of a cartoon character

Description automatically generated

Volunteer Application

**Contact Information: (Please Print Legibly.)**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date of Birth: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_ County: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Driver’s License Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State of Driver’s License: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Emergency Contact:**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Interests:** Please check all areas that interest you.

Dogs: □ Cleaning Kennels □ Walking □ Grooming □ Fostering □ Taking Photos

Cats: □ Cleaning Cages □ Cuddling □ Grooming □ Fostering □ Taking Photos

Building: □ Landscaping □ Maintenance □ Washing Dishes □ Washing/Folding Laundry

Events: □ Adoptions Events □ Rabies Clinic □ Transporting Animals □ Fundraisers

**References:** Please list two references, at least one must have known you two years and *is not a relative*.

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Experience:** Briefly describe any relevant experience.

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**Volunteer Agreement and Release from Liability**

This agreement is entered into the SPCA of Northeastern NC (SPCA of NENC) jointly by the undersigned \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (print your name), in order to permit the volunteer to participate in the Volunteer Program. This Agreement is for the benefit of SPCA Of NENC and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "lndemnitee" and collectively as "lndemnitee").

Volunteers have been advised that the activity of working with the shelter animals is hazardous and involves contact with animals that are unpredictable. As such, SPCA of NENC cannot be held liable for injuries or accidents that may occur as a result of working with the animals. Volunteers understand that the following are some, but not all, of the risks associated with working with shelter animals:

Bites or scratches from dogs, cats, rabbits, rodents, and birds \* Being knocked down or pulled excessively by a dog \* Injuries relating to wrist/hand/fingers from a dog leash \* Slips/trips/falls resulting from wet floors/kennels or equipment \* Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc. \* Water or cleaners sprayed in eyes \* Injuries resulting from cage doors, equipment, etc. \* Flea/tick bites or ring worm infestation \* Internal or external parasites \* Zoonotic illnesses (human illness contracted from animals) \* Animal illness exposure to animals at home \* Injuries related to lifting animals, food, litter, or equipment \* Injuries caused from grooming equipment, such as clipper blades, shears, dryers \* Exposure to cleaners, latex gloves, bleach, parasite control products \* Exposure to or incidents relating to the public (outbursts, inappropriate contact) \* Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact) \* Loss of personal property \* Any type of damage to car while parked on SPCA of NENC grounds \* Damage to clothing from animals, cages, chemicals, etc.

**INITIAL:**

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that SPCA of NENC and lndemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage, loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage , loss, or expense is caused by negligence of SPCA of NENC, any lndemnitee , or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each lndemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter.

**INITIAL:**

Volunteers fully, completely, and unconditionally waive and release each lndemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against SPCA of NENC or any lndemnitee relating to participation at the shelter.

**INITIAL:**

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency occur while participating at the shelter or while Volunteer is enroute to or from SPCA of NENC-sponsored events and SPCA of NENC staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for SPCA of NENC staff members to authorize medical treatment.

**INITIAL:**

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services. SPCA of NENC strongly recommends that all Volunteers have current tetanus vaccinations and that persons with suppressed immune systems consult with a physician prior to volunteering.

**INITIAL:**

Volunteers represent and warrant that each of them has the authority to enter into this agreement. If any provision of this Agreement is found to be unenforceable in any way, it shall be ·enforced to the maximum extent possible and all other provisions of this Agreement shall remain in full force and effect.

**Volunteer Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Parent/Guardian Signature if under 18**: \_\_\_\_\_\_\_\_\_\_\_­­­­­­­­­­­­­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This institution is an equal opportunity provider.