



Van Wert County Humane Society

Volunteer Application and Release Form

Persons under the age of 18 must have a parent accompany them to orientation.
Persons under the age of 15 must be supervised at all times while volunteering.

Name: _____ Date of Birth: _____
Address: _____ City: _____
State: ____ Zip: _____ Phone: () _____ Text? Y N
Email: _____

Please check your preferred area(s) for volunteering:

General Cleaning Cat Socialization Dog Socialization Fundraising
Events Animal Transportation Cat Cleaning (At PetValu) Maintenance
Is there any other area that you specialize in? _____

Preferred days and hours to volunteer:

Monday Tuesday Wednesday Thursday Friday Saturday

Emergency Contact:

Name: _____ Phone: () _____ Relation: _____

Volunteer Standard of Conduct

I agree to abide by the rules and regulations of the Van Wert County Humane Society including, but not limited to, obeying the instructions of the VWCHS staff, both written and verbal; to keep confidential any and all information regarding the surrender or adoption of all animals from the facility or donations made to the facility; to treat the animals in my care with respect; to dress appropriately when performing my assigned job; and to be cordial to the public at all times. I shall represent the views and policies of VWCHS while performing my duties as a volunteer. I understand that if I fail to perform to the VWCHS standards of conduct it may result in me being dismissed from my volunteer position or possibly asked to leave permanently.

PLEASE COMPLETE RELEASE FORM ON REVERSE SIDE

Permission and Release of Liability Form

The undersigned acknowledges that he or she will be performing certain volunteer services for the VWCHS. The undersigned further acknowledges that certain risks may be associated with such volunteer services.

In consideration of being permitted to perform such volunteer services for the VWCHS, the undersigned voluntarily and knowingly executes this waiver with the express intent of waiving any and all rights or causes of action involving, without limitations, bodily injury or property damage to the undersigned while the undersigned is engaged, directly or indirectly, in such volunteer services, whether caused by negligence if VWCHS or its officers, directors, agents, and employees.

Further, the undersigned shall indemnify, defend, and hold harmless, the VWCHS and its officers, directors, agents, and employees from and against any and all liabilities, damages, loss, cost and expense incurred as a result of any claim, demand, or cause of action, jointly or individually, for bodily injury or property damage suffered as a result of the undersigned's negligent, reckless, or willful action in the performance of the volunteer services contemplated herein or as a result of the failure to perform these volunteer services.

I hereby agree to accept a position as a volunteer worker for the VWCHS, and in doing so, I agree to comply with all of the rules and regulations which may be established from time to time by the VWCHS, and I understand that failure to do so may result in my immediate termination as a volunteer, without any pay of any kind, and without liability of any nature on behalf of the VWCHS. All services will be performed at my own risk. I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to zoonotic diseases (i.e. ringworm, flea bites, rabies, etc) and physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the VWCHS, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred or sustained by me in any way connected with my services for the VWCHS, including but not limited to, animal bites, accidents, or injuries.

Signature of Applicant Date _____

Signature of Parent or Guardian if Applicant is Under 18 Date _____

Signature of Shelter Staff Orientation Date _____

PH/FAX 419-238-5088 staff@vwchs.org

REVISED 02/2020