Saginaw County Animal Care Center

1312 Gratiot Rd. Saginaw, Michigan 48602

(989)797-4504 Adoption Room - (989)797-4500 Front Desk

Volunteer Application

Name: _____

Address: _____

Phone: _____Cell: _____

Email: _____ Date of Birth: _____

Driver's License #: _____

Emergency Contact: _____

Please choose your area(s) of interest from the following list:

___Dog Walking ___ Cat Adoption Room

___ Main Kennel (cats) ___ Main Kennel (dogs)

___ Cat Socializing ___ Dog Socializing

___ Fostering ___ Events

Please check the animals you are comfortable handling and working with:

___ Small Dogs ___ Med/Large Dogs ___ Large Dogs

___ Puppies ___ Cats ___ Kittens

___ Sick Cats ___ Sick Dogs

Please indicate the time(s) you are available to volunteer:

Monday _____ **Tuesday** _____

Wednesday _____ **Thursday** _____

Friday _____ **Saturday** _____

Sunday _____ **Anytime** _____

Describe any physical limitations: _____

_____

_____

Do you have any allergies to cats or dogs? If yes, please explain: _____

_____

_____

Why are you interested in becoming a volunteer at SCACC? _____

_____

_____

_____

Describe your experience working with cats or dogs: _____

_____

_____

_____

Please provide any additional skills you may have that will assist us in finding a specialized position for you in our volunteer program: _____

_____

_____

_____

READ AND ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING:

I understand this is a volunteer activity and includes no compensation or medical coverage.

_____

I agree to complete any training needed for the volunteer tasks I would like to perform.

_____

I will adhere to the rules and policies of the Animal Control Facility in which I volunteer. I will agree not to be insubordinate, avoid or criticize the staff or other volunteers; Disruptive behavior will not be tolerated in or away from the Shelter including Social Media as our goal is to work together and place/find homes for all the animals in our facility.

_____

I understand that my health and safety and that of the other volunteers, county staff, visitors and resident animals are of greatest importance when I volunteer.

_____

I understand that I may be photographed during the course of volunteer activities and give my consent for any photos to be used in advertising or presentation materials.

_____

I give my permission to the Saginaw County Animal Care Center to verify the above information. I understand that this application does not guarantee acceptance to the SCACC volunteer program.

Signature: _____

Date: _____

SAGINAW COUNTY ANIMAL CARE CENTER VOLUNTEER LIABILITY RELEASE WAIVER AND INDEMNIFICATION AGREEMENT

I, the undersigned, desire to volunteer my time to help improve the well-being of animals at the Saginaw County Animal Care Center. By volunteering my services to the Saginaw County Animal Care Center, I am aware that my volunteer duties may involve handling sick and/or diseased animals, and/or animals that may bite, scratch, and/or jump; along with using many cleaning agents and equipment. I further understand that by performing these volunteer duties for the Saginaw County Animal Care Center, I may be exposed to certain dangers, both foreseen and unforeseen, known and unknown, including but not limited to injury caused by the handling of animals, cleaning agents, and/or equipment.

In consideration for permitting me to volunteer my services at the Animal Care Center, I hereby release the County of Saginaw, together with its volunteers, agents, employees, officers and directors, from any and all liability, claims and causes of action arising out of volunteering my services at the Animal Care Center, including any claims made by others for personal injury or property damage allegedly caused by me. This Liability Release Waiver and Indemnity Agreement shall bind my heirs, personal representatives, assigns and all members of my family, including any minors. I understand that this Liability Release Waiver and Indemnity Agreement is a contract and not a mere recital and that it shall remain in effect for the entire duration of my volunteered services for the Saginaw County Animal Care Center. By signing below, I acknowledge that I have read and understand the Liability Release Waiver and Indemnity Agreement in its entirety.

Signature: _____ Date: _____

Volunteer Service Location: <u>Saginaw County Animal Care Center</u>

MEDICAL PERMISSION WITH INFORMATION & HEALTH STATEMENT

In case of emergency, accident, or illness, I give my permission to be treated by persons qualified through first aid or other appropriate medical training, transported by any means available, and admitted to a hospital, if necessary.

I acknowledge that I am in good health and have the physical capacity reasonably necessary to engage in the duties as described above (Animal Care Volunteer).

Signature: _____ Date: _____

Person to notify in case of emergency:

Name: _____ Phone: _____