



COUNTY OF SAGINAW  
Animal Care & Control  
1312 Gratiot Avenue, Saginaw, MI 48602

Phone: (989)797-4500

[scacc@saginawcounty.com](mailto:scacc@saginawcounty.com)

Fax: (989)797-4509

### Volunteer Application

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street City State Zip

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

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Full Name Phone Relationship

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

- |   |   |
|---|---|
| <input type="checkbox"/> Dog Walking        | <input type="checkbox"/> Cat Adoption Room  |
| <input type="checkbox"/> Main Kennel (cats) | <input type="checkbox"/> Main Kennel (dogs) |
| <input type="checkbox"/> Cat Socializing    | <input type="checkbox"/> Dog Socializing    |
| <input type="checkbox"/> Fostering          | <input type="checkbox"/> Events             |

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

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Small Dogs        |                                    |
| <input type="checkbox"/> Medium/Large Dogs | <input type="checkbox"/> Cats      |
| <input type="checkbox"/> Puppies           | <input type="checkbox"/> Kittens   |
| <input type="checkbox"/> Sick Dogs         | <input type="checkbox"/> Sick Cats |

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

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_ Anytime: \_\_\_\_\_

**Describe any volunteer activities you are unable or unwilling to perform: \_\_\_\_\_**

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

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**Why are you interested in becoming a volunteer at SCACC? \_\_\_\_\_**

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**Describe your experience working with cats or dogs: \_\_\_\_\_**

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

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I give permission to the SCACC to verify the above information.

I understand that this application does not guarantee acceptance to the SCACC volunteer program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## Social Media Policy

Saginaw County Animal Care and Control (SCACC) staff works very hard to help animals and we take pride in building a good reputation with the public we serve. Social Media sites are a great way for us to get messages out and to network for adoption. Therefore, we prohibit volunteers from representing themselves and answering questions on social media sites on behalf of the SCACC.

We understand that people may be critical and/or not agree with our policies and that they may express this on the internet; we respect that people have a right to their opinion and we ask that you as our volunteer, respect this too. Do not respond to these social media posts; our staff will respond to those on our page. Attacking or disparaging people goes against what we stand for and does not help the animals or our reputation. Please think before you post any pictures, thoughts or comments that involve Saginaw County Animal Care and Control.

As a volunteer, you understand and agree that when posting on the internet you will not disclose any information regarding confidential matters. As a volunteer, you understand and agree that you are prohibited from posting photos, videos and recordings taken inside of the SCACC building without the SCACC Director's approval. You further understand agree that making comments which pose the shelter, its staff, or other volunteers in a negative manner is prohibited, and such posts may result in termination of your status as a volunteer.

Volunteers who do not follow this policy will be removed from our volunteer team. Social media sites include but not limited to Facebook, Twitter, LinkedIn and YouTube.

Volunteer Printed Name: \_\_\_\_\_

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

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## **Policy Support Agreement**

*Please initial the following*

\_\_\_\_ In consideration of the being allowed to volunteer for Saginaw County Animal Care and Control, and for receiving training and instruction related to same, I am committing to follow and adhere to all SCACC and Saginaw County rules, policies, procedures, and protocols, including any policy with regard to the euthanasia of animals.

I agree to complete any training and instruction on such rules, policies, procedures, and protocols that may be required.

\_\_\_\_ I understand that volunteers who do not follow the rules, policies, procedures, and protocols may be removed immediately from the SCACC volunteer team.

Volunteer Printed Name: \_\_\_\_\_

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

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

## **Volunteer Waiver and Release of Liability**

***This is a legal document – please read carefully and be sure you understand it before signing.***

I, (PRINT NAME HERE) \_\_\_\_\_, have applied to assist the Saginaw County Animal Care and Control Center (SCACC) as a volunteer as specified in this Volunteer Application. By applying for and performing this volunteer work, I acknowledge and agree to the following:

\_\_\_\_ I am aware that this is a contract between me and SCACC and that it waives legal rights that I may have now or in the future and releases SCACC and others from claims for damages.

\_\_\_\_ I am voluntarily participating in this activity with full knowledge of the tasks involved, I agree to accept any and all risks associated with my participation, including but not limited to injury and illness to me or my animals. I understand that I have the right to terminate my volunteer services at any time, and I should immediately advise the SCACC the same. In addition, I understand that the SCACC has the right to terminate my volunteer services at any time, with or without cause or justification. I understand that by volunteering my services no employee/employer relationship is created. I understand this is a volunteer activity for which I receive no compensation or medical coverage.

\_\_\_\_ I understand there are risks and dangers associated with working with wild, feral and domesticated animals, including but not limited to, bites, scratches, zoonotic diseases (diseases transmitted from animals to humans), and allergic reactions. I also understand there may be risks involved with exposure to certain chemical cleaning products while performing my volunteer duties. I fully understand and accept those risks and dangers. I will take all precautions necessary to protect myself against such risks and such risks shall be my sole responsibility.

\_\_\_\_ I fully assume all the risks involved with my volunteer activities, and acknowledge that they are acceptable to me. I agree to use my best judgement in undertaking these activities. I also agree to follow the rules and safety instructions as given by SCACC employees and volunteers authorized to act in a supervisory capacity.

\_\_\_\_ I expressly agree to waive, release, and indemnify and hold harmless Saginaw County and SCACC from any and all claims or demands therefore on account of injury, loss, or damage to my person or property, wrongful death actions, further claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by me, or by any other person or entity acting on my behalf or on their own behalf, including by not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from my volunteer services, which arise or in the future may arise, including by not limited to all claims or causes of actions arising from an alleged act or omission of the County, including an act of negligence or malfeasance, whether the alleged negligence or malfeasance is claimed to be wholly or partially a cause of any tort or claim covered by this agreement.

I agree to defend the indemnified parties so that they do not bear any cost or expense arising from any claims that may arise; it is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and cost incurred by the indemnified parties in defending any claim, causes of action, wrongful death causes of action, or demand.

\_\_\_\_ I fully and forever release and discharge SCACC from any and all actions, causes of action, claims, liabilities, or demands I have or may have in the future, whether known or unknown, for injury, illness, death or damage arising out of or related in any way to my volunteer duties.

\_\_\_\_ I agree that the SCACC may use my name, and pictures, photographs or video and/ or sound recordings of me on television, on radio, on the Internet, in emails, and in stories, news articles, advertisements, or other written or digital materials. I agree that such uses may include education, advocacy, and fundraising. I consent to and authorize, in advance, such use and agree that the SCACC does not have to notify me of such use or provide me with other consideration for such use. I waive any rights of privacy and/ or publicity I have in connection with these uses.

\_\_\_\_ I agree that the rights I am giving up and agreements I am making apply equally to me and to my heirs, successors, assigns, guardians and legal representatives. I agree that none of those individuals may make any claim or take any action that I could not make or take myself.

\_\_\_\_ I agree not to disclose, or in any way make public, confidential information I may learn about animal cruelty cases investigated by SCACC.

\_\_\_\_ I agree that this Waiver and Release of Liability protects and is for the benefit of the SCACC, and also for its affiliates, and their respective employees, officers, directors, consultants, interns, volunteers, licensees, and all others acting on their behalf. I also agree that I may not make any claim or take any action against any of those affiliates or individuals that I could not make or take against the SCACC itself.

\_\_\_\_ I intend to fully and voluntarily waive any rights I have as described in this Waiver and Release of Liability. To the extent that legal consideration is required for this Waiver and Release of Liability to be effective, I agree that I have received good, valuable and sufficient consideration by being permitted by SCACC to provide volunteer service and to receive training and instruction for same.

\_\_\_\_ I further agree that If any part of this Agreement is determined to be invalid by law; all other parts of this Agreement shall remain valid and enforceable. A copy of this Agreement shall have the same force and effect as an original. This Agreement shall be construed and enforced in accordance with the laws of the State of Michigan.

I have carefully read this waiver and release and fully understand its contents and accept and sign it of my own free will. If I am under 18 years of age at the time of registration, my parent or

legal guardian has completely reviewed this Waiver and Release of Liability, understands and consents to its terms, and authorizes my participation. I have had the opportunity to discuss this document with my own legal counsel prior to my signature on same. I further declare and represent that no promise, inducement, or agreement not herein expressed has been made to me, and that the terms of this Release are contractual and not a mere recital.

Volunteer Printed Name: \_\_\_\_\_

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

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**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 (Volunteer).

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Person to notify in case of emergency:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SCACC Representative: \_\_\_\_\_ Date: \_\_\_\_\_