

# Lewis County Animal Shelter Volunteer Application

Date: \_\_\_\_\_ Date Attending Orientation: \_\_\_\_\_

Name: \_\_\_\_\_ Phone # \_\_\_\_\_

Age: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(please print clearly)

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

Occupation/Grade in School: \_\_\_\_\_

Please tell us why you would like to volunteer: \_\_\_\_\_

\_\_\_\_\_

Do you have a preference for working with dogs or cats or both: \_\_\_\_\_

List previous volunteer work: \_\_\_\_\_

\_\_\_\_\_

Please list any special skills or prior experience that may be relevant: \_\_\_\_\_

\_\_\_\_\_

What is your experience with dogs?

Please Circle One

First time owner?                      Have had 1 or 2                      Knowledgeable & experienced

What is your experience with cats?

Please Circle One

First time owner?                      Have had 1 or 2                      Knowledgeable & experienced

What days and times do you plan on volunteering? \_\_\_\_\_

\_\_\_\_\_

Name and Phone of emergency contact: \_\_\_\_\_

## Waiver of State Compensation Benefits

Under our Worker's Compensation Program, volunteers are eligible for coverage for medical costs only, if injured while volunteering for the Lewis County Animal Shelter.

I understand that I will not be compensated monetarily for the work I do for the Lewis County Animal Shelter as a volunteer.

I will report any accident or injury to my supervisor immediately so an accident/injury report can be filled out. If I have any questions concerning coverage, I will contact the supervisor.

By signing this document, I attest to having read, understood, and agreed to the above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## Tetanus Waiver

The Lewis County Animal Shelter feels it is important to have a tetanus vaccination prior to volunteering. To emphasize that importance, we ask that you read and sign the following waiver.

I understand that because I handle animals, it is important to discuss being vaccinated against tetanus with my physician.

I release the Lewis County Animal Shelter from all responsibility that may occur because of my not pursuing this matter further, and I understand whatever decision I make is at my own risk.

I have read, understood, and agreed to the above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

## Waiver and Release of Liability

I understand that the behavior of domestic animals is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, I agree to assume those risks and to release, indemnify and hold harmless the Lewis County Animal Shelter, and or/or its officials, directors, supervisors, Employees for any and all personal injury and property damages resulting from my volunteer work.

I have read, understood, and agree to the above.

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

# Waiver and Release of Liability

I \_\_\_\_\_ am the parent of legal guardian of \_\_\_\_\_ aged \_\_\_\_\_.

I understand that this child will be volunteering with the Lewis County Animal Shelter, and in the course of such volunteer work, said child will have direct contact with domestic animals.

I, further, understand that the behavior of domestic animal is sometimes unpredictable and that some domestic animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Knowing the risks of handling domestic animals, on the behalf of the minor and myself, I agree to assume these risks and to release, indemnify and hold harmless the Lewis County Animal Shelter for any and all personal injury and property damages resulting from said child's volunteer work.

I give the Lewis County Animal Shelter authority to seek emergency medical treatment, if necessary, for said child. I understand that, in the event of an accident while said child is performing volunteering services, said child will be covered by State Industrial Insurance (Workman's Compensation) for medical costs only.

I know of no medical or any other condition which would prevent said child from volunteering at the Lewis County Animal Shelter

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Parent/Guardian's Signature Date

\_\_\_\_\_  
Relationship to Minor

\_\_\_\_\_  
Address City State Zip

(\_\_\_\_) \_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
Home Phone Work Phone