

WAYCROSS ANIMAL SERVICES

1501 Blackwell St. Waycross, GA 31501

(912) 490-3647

VOLUNTEER APPLICATION

DATE: _____

**ALL Volunteer must be at least 18 years old. If under 18, age: _____

(Parent may be required to be with minor)

NAME _____ Nickname: _____

Address _____ City _____ ST _____ ZIP _____

Phone: Home _____ Work _____ Cell _____

Email Address: _____

Notify in case of emergency: _____

Relationship _____

Phone: _____

What days are you available to volunteer? M T W Th F S Su

Time(s): _____

Do you want to work a regular schedule or drop in as available? Reg Drop In

Previous Work Experience: _____

Previous Animal Experience: _____

What kind of volunteer work do you want to do? I would like to help with (circle appropriate)

Animal Enrichment (socializing, walking or play time): Dogs / Cats / Both

Adoption Counseling

Adoption Follow-Up

Greeter

Cleaning

Office Work

Rescue Transport

Dog/Cat Foster Care

Vet/Surgery Care

Community Outreach

Mobile Adoptions or Special Events

Public Relations / Media / Newsletter

Shelter Decorating or DIY Projects Other: _____

Do you have a valid driver's license? Y N State & Driver's License #: _____

Can you drive for us? Y N *MUST have Valid Registration, Licensing and Insurance on vehicle. *

How did you hear about our volunteer program?

Do you have any medical conditions or history that we need to be aware of?

Date of your last Tetanus shot? _____

In consideration of and as a condition of being able to participate in the Waycross Animal Services (WAS) Volunteer Program (herein referred to as the "Program"), the undersigned Volunteer, _____, (printed name of Volunteer), and/or the undersigned parent or guardian of such Volunteer (if Volunteer is a minor), acknowledge, represent, understand, state and agree as follows:

- Volunteering in the Program is at will, and there is no compensation owed or due to volunteers for their service.
- I fully understand that I will be serving as a volunteer with the City of Waycross in its Animal Services Division and that WAS expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a Volunteer; all animals will be handled with humane treatment and respect.
- Volunteers will refrain from using profanity and conduct themselves professionally at all times.
- Volunteers will familiarize themselves with **ALL** volunteer policies and strictly adhere to all Waycross Animal Services Standard Operating Procedures.
- Volunteers are supervised by and should report to the Waycross Animal Services Manager or his/her designee. Waycross Animal Services may, without notice or hearing terminate my services as a volunteer at any time, with or without reason.
- Volunteer and/or guardian of Volunteer shall at all times during the Volunteer's participation in the Program maintain proper health and accident insurance coverage for Volunteer.
- The handling of animals and other Volunteer activities on behalf of WAS may place me in a hazardous situation and could result in injury to me or my personal property. On behalf of myself, and my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless the City of Waycross and its directors, managers, officers, officials, employees and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my serving as a volunteer with the City of Waycross and/or participation as a Volunteer in the program.
- Public relations is an important part of a Volunteer's activities on behalf of WAS, I hereby authorize WAS to take photographs of me while serving as a volunteer and to use, reproduce, display (on its website or other-wise), transmit and/or publish any photographs of me in its possession for public relations purposes. I ask that WAS use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for public relations purposes.
- Volunteers may gain access to information and documentation that is confidential in whole or in part, and Volunteer shall **not** disclose or release any such information (including, but not limited to photographs or videos) unless it is approved by authorized staff of Waycross Animal Services.

Date: _____ Signature of Volunteer: _____

***If you are under 18, we must also have your parent or legal guardian's signature below. ***

PARENT OR LEGAL GUARDIAN (OF VOLUNTEERING MINOR)

As a parent or legal guardian, I, _____, of the above named volunteer, I hereby give consent for my child or ward, as the case may be, to become a Volunteer for WAS as described in the above Volunteer Agreement and, by the signature below, join in and agree to be bound by the terms and conditions of the agreement as listed on this page.

Signature of Parent or Legal Guardian: _____

Date: _____ Parent or legal Guardian-Relationship to Volunteer: _____