WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER

VOLUNTEER APPLICATION

(minimum age is 12)

NAME:_____ DATE: _____

ADDRESS:_____ CITY:_____

EMAIL:_____ PHONE:_____

WHY DO YOU WANT TO VOLUNTEER AT THE WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER?_____

_____

_____

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE:_____

_____

_____

DO YOU HAVE ANY AFFILIATIONS WITH ANY OTHER ANIMAL SHELTERS OR ANIMAL GROUPS? IF YES, WHO?_____

_____

DO YOU HAVE ANY SPECIAL SKILLS THAT COULD CONTRIBUTE TO YOUR VOLUNTEER ACTIVITIES (EG: BILINGUAL, SIGN LANGUAGE, DATA ENTRY PROFICIENCY, GROOMER)?

_____

_____

_____

LIST ANY LIMITATIONS ON WORKING WITH OR NEAR SPECIFIC TYPES OF ANIMALS:_____

_____

PLEASE DESCRIBE ANY ANIMAL RELATED EXPERIENCE, IF YOU HAVE VOLUNTEERED AT OTHER SHELTERS, PLEASE LIST THE SHELTERS:

_____

_____

_____

PLEASE DESCRIBE ANY EXPERIENCE WORKING WITH THE PUBLIC: _____

_____

_____

DAYS OF THE WEEK AVAILABLE FOR VOLUNTEERING:

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday_____

TYPES OF VOLUNTEER POSITION(S) OF INTEREST:

__ Volunteer Aide: walking, exercising, socializing & introducing animals to potential adopters.

__ Animal Care Specialist Aide: assisting our hard-working animal care specialists with their duties which may include: helping clean runs; bathing animals that need refreshing; holding adoptable animals for evaluations & being a messenger between the front desk & kennel.

__ Web-site Communications: uploading pictures of adoptable and/or lost & found stray animals to our website. This position is limited to individuals who will strictly adhere to the boundaries & directives set forth by the Director. Any violation of these boundaries will be grounds for immediate termination from all volunteering opportunities.

__ Off-site adoptions: using your own vehicle you will transport & be responsible for the care & protection of adoptable animals at specified off-site adoption areas at designated dates & times.

__ Surgery Assistant: Monitors animals during and following surgical spay/neuter procedures, assists in the preparation for surgeries as well as the clean up following. Due to length of training invested by the shelter, we ask that this volunteer position be at least a 6 month commitment by the volunteer.

A SUCCESSFUL CRIMINAL HISTORY CHECK IS REQUIRED FOR PERSONS AGE 16 AND OLDER PRIOR TO ATTENDING THE VOLUNTEER ORIENTATION. WE WILL NOTIFY YOU VIA EMAIL OF SATISFACTORY COMPLETION OF THE CHECK AS WELL AS THE NEXT AVAILABLE ORIENTATION CLASS IF THE CRIMINAL HISTORY CHECK IS ACCEPTABLE.

Initials _____ I understand my criminal history check must be acceptable and that I will be notified via email if I am eligible to attend the volunteer orientation meeting.

Initials _____ I understand that if accepted as a volunteer my email address may be shared with other volunteers for the purposes of volunteer related communications and event coordination.

LIABILITY WAIVER

I, THE INDIVIDUAL NAMED HEREIN BELOW, ACKNOWLEDGE AND UNDERSTAND THAT WORKING WITH ANIMALS MAY BE DANGEROUS AND CAN LEAD TO SERIOUS INJURY OR EVEN DEATH. FURTHERMORE, I UNDERSTAND AND AGREE TO PERSONALLY ASSUME ANY AND ALL LIABILITY AND RISKS OF VOLUNTEERING AT THE WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER (HEREINAFTER REFERRED TO AS THE "SHELTER").

IN CONSIDERATION OF WILLIAMSON COUNTY'S AGREEMENT TO ALLOW ME TO PARTICIPATE IN ITS VOLUNTEER PROGRAM AT THE SHELTER, I AGREE TO **INDEMNIFY AND HOLD HARMLESS** WILLIAMSON COUNTY, ITS OFFICIALS, AGENTS, REPRESENTATIVES, EMPLOYEES, OFFICERS, AND REPRESENTATIVES FROM EVERY PENALTY, CAUSE OF ACTION, CLAIM, LOSS, COST, DAMAGE, REASONABLE ATTORNEY'S FEES, LIEN AND/OR EXPENSE ARISING OUT OF OR RESULTING FROM MY PERFORMANCE OF VOLUNTEER WORK AT THE SHELTER, VOLUNTEER WORK PERFORMED OFF-SITE FOR THE SHELTER, OR FOR ANY FAILURE OF OBSERVANCE OF ANY RULES, REGULATIONS OR POLICIES OF THE SHELTER OR WILLIAMSON COUNTY. WILLIAMSON COUNTY SHALL NOT BE LIABLE FOR DAMAGES TO ME ARISING FROM ANY ACT OF ANY THIRD PARTY OR ANIMAL. I FURTHER AGREE TO **INDEMNIFY AND SAVE HARMLESS** WILLIAMSON COUNTY FROM AND AGAINST ALL CLAIMS OF WHATEVER NATURE ARISING FROM ANY OF MY FUTURE NEGLIGENT ACTS, OMISSIONS OR NEGLIGENCE, OR ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE WHATSOEVER CAUSED TO ANY PERSON, ANIMAL OR TO THE PROPERTY OF ANY PERSON OCCURRING WHILE I AM PROVIDING VOLUNTEER WORK TO WILLIAMSON COUNTY, OR ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE OCCURRING ON WILLIAMSON COUNTY'S PREMISES; PROVIDED, HOWEVER, I ACKNOWLEDGE THAT I SHALL NOT BE RESPONSIBLE FOR THE NEGLIGENCE OF WILLIAMSON COUNTY.

I understand and agree that as a volunteer, I am not an employee of Williamson County, and I am not entitled to any compensation or benefits of any kind, except as otherwise required by law.

By signing below, I hereby agree that I will not object to or challenge the protocols and procedures outlined by the Director of the Williamson County Regional Animal Shelter. This includes, but is not limited to: not entering unauthorized areas, not touching animals that are in unauthorized areas due to the risk of transmitting contagious disease to other animals, not bringing cameras on the premises unless directly asked to by the Director, not representing yourself as an employee of the Shelter and not leaving any doors unlocked at any time. Violation of any of these guidelines is grounds for immediate removal from the premises and termination of all future volunteer opportunities with the Williamson County Regional Animal Shelter.

Printed Name: _____ Signature: _____

Date _____ Age _____ (If under 18 years old)

Signature of Parent (if under 18) _____Date _____

Please note that your acceptance into, and continued participation in, the volunteer program is, among other things, dependent on your attitude towards volunteer work, your comfort level working with animals, your attitude toward animal shelters and our specific activities, and whether we have positions available for your specified time slots.