

**County of Harnett Animal Services
Shelter Division
Policy Statement and Rules for Volunteers**

Purpose: County of Harnett welcomes the use of volunteers in its Animal Services program. It is the goal of Animal Services to provide an environment for a positive experience not only for the citizen volunteer but for the shelter and the animals we are charged to handle. Along with animal care, the shelter may have other needs that may better match individual volunteer skill sets.

Policy: The volunteer policy specifically defines volunteer duties and shelter staff expectations in order for a volunteer to remain a helper at the County's shelter. In addition, volunteers are always under the direct supervision of shelter staff. Volunteers must be eighteen (18) years of age or older.

Potential Volunteers will be interviewed by Animal Shelter staff.

Volunteers **will typically perform** the following functions within the shelter complex:

- Report to the shelter on time and work as assigned
- Greet and assist the public with selecting an adoptable animal
- Directing public to both adoption cages and the Pet Room
- Coordinate with shelter staff for final adoption dispositions.
- Exercise, socialize, bathe (if available), and groom adoptable animals within the shelter compound.
- Kennel helper – assist staff with cleaning cages and other staff assigned tasks.
- Grounds maintenance – includes painting, planting, trash pickup and removal.

Volunteers **are prohibited from** :

- The use or possession of electronic devices, ie; cell phones, cameras, ipods, ipads, MP3 players, while on shelter premises and especially within the animal containment areas
- Entering off-limits areas such as animal quarantine, offices, county-owned vehicles or outside runs.
- Handling more than one animal at a time
- Behaving in a manner that gives the shelter a negative perception to citizens and customers alike.
- Bringing animals, owned or under their custody, to the shelter while volunteering.

Failure to abide by the policies, rules and regulations will result in dismissal from the Volunteer program.

Work Schedule:

Volunteers will be given a schedule for their volunteer hours during posted and normal shelter hours of operation.

**COUNTY OF HARNETT ANIMAL CONTROL
VOLUNTEER WAIVER AND RELEASE OF LIABILITY**

By my signature below, I, _____ hereby freely, voluntarily and without duress execute this release under the following terms:

Release and Waiver. I hereby waive any claim, demand or lawsuit that might accrue to me, or my heirs, children, assigns, personal representatives or anyone else entitled to act upon my behalf, including any claim for monetary damages, against the County of Harnett, as well as its elected officials, officers, employees, volunteers and agents, which arises or may hereafter arise from my activities as a volunteer. I understand that this release discharges the County of Harnett, as well as its elected officials, officers, employees, volunteers and agents from any liability or claim with respect to any bodily injury, personal injury, illness, death or property damage that may result of my activities. I understand that the County of Harnett does not assume any responsibility for or obligation to provide financial assistance or other assistance, including but not limited to medical, health, or disability insurance in the event of injury or illness. Each volunteer is expected and encouraged to obtain his own medical or health insurance.

Assumption of Risk. I understand that the volunteer activities in which I may participate are potentially hazardous and carry with them inherent risks that cannot be eliminated completely ranging from minor injuries to catastrophic injuries including death. I understand and agree that in consideration of being permitted to volunteer, I do hereby release waive, discharge and covenant not to sue County of Harnett, as well as its elected officials, officers, employees, volunteers and agents for any and all liability from any and all claims arising from participation in the event by myself or any registered party.

Medical Treatment. I do hereby release and forever discharge the County of Harnett from any claim whatsoever which arises or may hereafter arise on account of any first aid, treat, or service rendered in connection with the volunteer activities. In the event that I am physically injured or otherwise require emergency care, I give permission to County of Harnett to secure from any licensed hospital, physician, or medical personnel any treatment considered necessary for my immediate care. I agree to be responsible for payment of any and all medical services rendered.

Miscellaneous. In the event any provision of this Waiver and Release from Liability Form is found to be legally invalid or unenforceable for any reason, all remaining provisions will remain in full force and effect. This Waiver and Release of Liability is binding upon me as well as my heirs, children, assigns, personal representatives, or

anyone else entitled to act on my behalf. By my signature below, I acknowledge that I have read the terms of this waiver and release and agree thereto.

County Policies and Procedures. I agree to follow all County and Shelter policies and procedures and understand that failure to do so will result in my termination as a volunteer.

Use of Image: Photos of volunteer activities are often used in promotional materials. The County of Harnett will be allowed to use volunteer images unless volunteers submit in writing their objection.

By my signature below, I agree that I have read and understand and will abide by the **County of Harnett Animal Services Shelter Division Policy Statement and Rules for Volunteers.**

Signed:

Print name of participant: _____ Date: _____

Witness: _____

Volunteer Contact information:

Address:

Telephone numbers: Home: _____ Cell: _____

Email address: _____

Day and/or Time Preference:

Emergency Contact information:

Name: _____ Telephone number: _____

Relationship to Volunteer: _____