

## ANIMAL SERVICES VOLUNTEER APPLICATION

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Harnett County Animal Shelter appreciates the hard work, love, and commitment of our volunteers. To become part of our team, volunteers must:

- Be 18 years of age
- Complete orientation and mentoring sessions
- Be willing to make an ongoing commitment

For safety and liability purposes, we do require that all volunteers be at least 18 years of age. If you are not yet 18, there are other ways you can help animals in our community.

*Please note if you need mandated Community Service hours, please email [AnimalServices@harnett.org](mailto:AnimalServices@harnett.org). Be sure to include your contact information, hours needed, (minimum 20 hours required) date due, and organization requesting, and someone will be in touch.*

**Please return to completed Application to:** 1100 McKay Place, Lillington, NC 27546

**OR Mail to:** PO Box 940, Lillington, NC 27546

**OR Email to:** [Animalservices@harnett.org](mailto:Animalservices@harnett.org)

### CONTACT INFORMATION

First Name \_\_\_\_\_

Last Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Mobile (Y/N) Ok to Text (Y/N)

Email \_\_\_\_\_

### EMERGENCY CONTACT INFORMATION

Name \_\_\_\_\_

Phone \_\_\_\_\_

### EXPERIENCE

Do you have Animal Rescue Experience? Yes \_\_\_\_ No \_\_\_\_

If Yes, explain:

\_\_\_\_\_  
\_\_\_\_\_

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Do you have experience working with animals? Yes \_\_\_ No \_\_\_

If Yes, explain:

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Do you have any animals in your home? Yes \_\_\_ No \_\_\_

Are they up to date on their rabies vaccines? Yes \_\_\_ No \_\_\_

If Yes, please list animal name, date given, expiration date, and the clinic that gave:

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Are you comfortable volunteering at a shelter where humane euthanasia is sometimes performed?

Yes \_\_\_ No \_\_\_

**Please check the days and times you would be available to volunteer:**

<i>Shift Times</i>	<u>Sunday</u>	<u>Monday</u>	<u>Tuesday</u>	<u>Wednesday</u>	<u>Thursday</u>	<u>Friday</u>	<u>Saturday</u>
9 -11 am							
1-3 pm							
3-5 pm							

**Assignment Preference:**

- Cats
  Dogs
  Where needed
- Other (please specify) \_\_\_\_\_

Please describe any special skills, talents or hobbies that may help us at HCAS:

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### VOLUNTEER AGREEMENT

**As a volunteer for Harnett County Animal Services (HCAS) you will be required to abide by the terms of this Volunteer Agreement.** *Not every volunteer application will be accepted by HCAS. If accepted as an HCAS volunteer and in consideration of becoming a volunteer, my signature below indicates that I understand and agree to the following:*

- 🐾 Serve in an entirely voluntary capacity, without receiving any compensation or employment benefits available to the Harnett County employees.
- 🐾 Authorize HCAS to seek emergency medical treatment in case of an accident, injury, or illness. If I am injured while acting as an unpaid member of the volunteer team, I acknowledge that I am not covered by HCAS insurance carrier.
- 🐾 I understand that I am strongly urged to obtain a current tetanus vaccination to protect myself should I be cut, scratched, or otherwise injured in such a way that a tetanus infection could threaten my health.
- 🐾 Make an ongoing commitment to volunteer services and will notify program coordinator should I choose to discontinue my volunteer services.
- 🐾 Adhere to sign-in, scheduling, training, and safety procedures while carrying out my volunteer duties in accordance with HCAS policies and procedures and seek assistance from shelter staff when necessary.
- 🐾 Conduct myself with dignity, courtesy and consideration for others, both two and four legged, and strive to make my volunteer duties professional in quality.
- 🐾 Wear any volunteer attire at all times while in the shelter and other appropriate clothing for the duties I am performing. Absolutely no open-toe shoes allowed.
- 🐾 ALWAYS exercise compassion and care with animals, never treating an animal in a way that could be considered abusive or disrespectful.
- 🐾 NOT discuss animals housed in the stray kennels, quarantine kennels with any outside party.
- 🐾 Accept the guidance and decisions of the professional staff of HCAS regarding animal care decisions and volunteer procedures. Any problems or disagreements should be discussed with the Program Coordinator.
- 🐾 If I fail to abide by the terms of this Agreement or otherwise unable to meet the program requirements, I may be terminated from the program.
- 🐾 I am over 18 years of age and have disclosed any reasonable accommodations needed.
- 🐾 I understand that any false statements in this application or failure to abide by this volunteer agreement will be grounds for my termination as a volunteer.

I understand and agree that submitting this application form does not automatically register me as a Harnett County Animal Services volunteer, and there may be certain qualifications I must meet, including the acceptance of established volunteer policies and procedures and training before I may begin volunteering.

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

\_\_\_\_\_  
Name Printed

\_\_\_\_\_  
Date

## ANIMAL SERVICES VOLUNTEER APPLICATION

### VOLUNTEER RELEASE OF LIABILITY, WAIVER OF CLAIMS AND ASSUMPTION OF RISK AGREEMENT

By my signature below, I \_\_\_\_\_ hereby freely, voluntarily, and without duress execute this Release, Waiver and Assumption under the following terms:

**Release and Waiver.** I hereby waive all claims, demands, actions, or causes of action against the County of Harnett and its elected officials, officers, agents, and employees of whatever kind or nature including, but not limited to, those arising out of personal injury, death, and property damage, which may arise from or relate in any way, directly or indirectly, to my activities as a volunteer. 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 their 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 accept that there are certain risks involved with working in a kennel environment, handling animals, and other activities in which I may engage as a volunteer for Harnett County Animal Services Division. Such risks may include, but are not limited to, animal bites, scratches and illnesses that may be transferred from animals to people. Furthermore, I understand that certain illnesses may be transmitted to my own animals and it is solely my responsibility to ensure that proper preventative measures are taken to ensure their health. I understand and agree that in consideration of being permitted to volunteer, I do hereby release waive, discharge, and covenant not to sue the County of Harnett, as well as its elected officials, officers, agents, and employees for any and all liability from any and all claims arising from participation as an Animal Services Volunteer by myself or any registered party.

**Miscellaneous.** In the event any provision of this Waiver and Release of Liability 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.

**Use of Image.** I acknowledge that photographs, films, and recordings may be made of me for publications, promotional flyers, educational materials, news releases, documentaries, or for other similar purposes. I hereby authorize Harnett County to use, without charge or payment, any and all images of me, whether photo, video or otherwise and my personal story, and/or artwork and written work product, whether provided by me or obtained otherwise, in any way that the County deems appropriate without my prior consent or approval, but consistent with the County's objective to educate County officials and the general public about the County's programs, services and initiatives. I further acknowledge that all such photographs, films, and recordings are and shall remain the property of Harnett County.

**I further declare that I have read and understand the terms of the foregoing, understand that it constitutes a formal and binding legal document, that I am of lawful age and legally competent to sign this Agreement and Release; that I have signed this document on my own free act; and no promise, inducement or agreement not herein expressed has been made to me.**

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date