



**Summit County Animal Shelter  
Teen Community Service Waiver – To be filled and signed by participant and  
parent / guardian  
Please Print Legibly**

**PARTICIPANT NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_

**CITY/STATE/ZIP CODE** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMERGENCY CONTACT NAME** \_\_\_\_\_ **PHONE** \_\_\_\_\_

**EMAIL ADDRESS** \_\_\_\_\_

This program is directed towards teens who do not want to be regular long term volunteers, but rather need hours to meet service requirements for programs they are participating in. We offer two hour shifts that can be signed up for at the shelter. These shifts mainly focus on cleaning. There will be no direct contact with animals (i.e. dog walking, cat socialization).

Please review the rules and sign the waiver that follows. The form must be signed by both the participant and parent / guardian. Should violations of the rules occur or if you sign up and then do not show up, you will not be eligible for the program.

Direct questions to the volunteer coordinator at [mary.harmeyer@summitcountyco.gov](mailto:mary.harmeyer@summitcountyco.gov) or 970-668-4197.

# Rules

- Must be on time. Call and leave a voicemail if you are running even a few minutes late
  - I No call/No show you won't be scheduled anymore
- No cell phone use while working
- For your safety, no use of headphones while in the building
- You are responsible for recording your time on designated time sheet provided
- For your safety, DO NOT enter an indoor dog kennel unless directed by shelter tech
- For your safety, DO NOT enter an outdoor dog pen unless directed by shelter tech
- For your safety, DO NOT stick fingers into dog or cat kennels
- If a member from the public is interested in meeting a dog, please get the on-duty shelter tech
- You are expected to complete the tasks assigned to you in a timely, yet thorough manner
- If you are confused, unsure, or uncomfortable with any task, please talk with shelter tech immediately
- The on-duty shelter tech will be your supervisor throughout your community service. As your supervisor, the shelter tech has the authority to terminate your community service at any time if rules have been broken.

## **PLEASE INITIAL AND SIGN**

\_\_\_\_\_ I certify that to the best of my knowledge and information I am physically able to perform volunteer services at the Summit County Animal Shelter.

\_\_\_\_\_ I declare that I have never been found guilty or pled guilty to abuse of or cruelty toward any animal or person.

\_\_\_\_\_ I am volunteering solely in my personal capacity and on my free time and not as an employee of Summit County Government (County) or the Summit County Animal Shelter (Shelter). It is my intention to devote my time and services to the Animal Shelter without expectation of compensation in any form.

\_\_\_\_\_ I understand that the County will not provide me with any health or accident insurance. In the event of an accident occurring at the Shelter in which I suffer an injury, the County will provide such appropriate emergency medical treatment as it may determine to be necessary but the County will not be liable for the cost of any medical care.

\_\_\_\_\_ I fully understand and agree that if I use my personal vehicle while conducting volunteer county business, my personal automobile insurance is my responsibility and primary to any other insurance that may exist. I fully understand and agree that if I use any of my personal property while conducting volunteer county business, the county will not provide insurance coverage or be financially responsible should damage or loss occur.

\_\_\_\_\_ I agree to comply with the rules, regulations and policies of the Shelter while I am a volunteer.

\_\_\_\_\_ I hereby release, and agree to indemnify and hold harmless the County, its respective agents, representatives, officers, employees, successors, assigns and insurers, hereinafter referred to collectively as "the Released Parties", from any and all liability, claims, demands or actions or causes of action whatsoever, arising out of damage, loss or injury to my person or property, whether anticipated or unanticipated, while volunteering as contemplated by this agreement, whether such damage, loss, or injury results from the negligence of the Released Parties, their respective agents, officers, employees, successors, assigns and insurers or from some other cause. This release and agreement shall be binding upon me, my heirs, successors, assigns, administrators and executors.

\_\_\_\_\_ I hereby consent to be included in promotional material developed and produced by the County. I understand that my participation is voluntary and I can withdrawal my consent at any time. Promotional material both for marketing and educational purposes, may include photographs and/or digital images, live and still action, and may be used in but not limited to, social media, videos, print media, pamphlets, brochures, newsletters and the like. I hereby waive, release and forever discharge the County, their officers, representatives, employees, agents, licensees, successors and assigns, from any and all claim, demands or causes of action arising from the use of my photograph and/or digital image for the above purposes.

\_\_\_\_\_ I recognize that in handling animals at the Shelter in the performance of my volunteer services there is a risk that I might be injured. I accept this risk and take responsibility for myself. In particular, I assume the risks of being bitten, scratched, injured or frightened by any shelter animals in connection with my volunteer work at the Shelter.

\_\_\_\_\_ I also understand that animals that are not suitable for adoption because of behavior or health issues may be euthanized at the Shelter. I understand that I may witness events or behavior by persons or animals that is disturbing or upsetting.

\_\_\_\_\_ I understand that the Shelter may suspend or terminate my service as a volunteer for any reason at any time.

\_\_\_\_\_ I have accurately and truthfully completed this form. By my signature on this form, I authorize the County to investigate the accuracy of the information I have provided and to contact references and my veterinarian.

\_\_\_\_\_ I understand that the County strongly encourages all volunteers to make sure that their own animals have all of their vaccinations up-to-date. As an added measure, we suggest that you always change clothes before socializing with your animals at home.

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Signature of parent or guardian if you are under 18 years of age**

As a parent or legal guardian of the above-named Volunteer, I hereby give consent for my child or ward, as the case may be, to become a Volunteer for the Summit County Animal Shelter as described in the above and, by the signature below, join in and agree to be bound by the terms and conditions of the Waiver on the preceding pages.

Signature \_\_\_\_\_ Date \_\_\_\_\_