

STAFF ONLY
(Please initial):

P# _____
Background Check
Cleared _____

SUMMIT COUNTY
ANIMAL CONTROL AND SHELTER
P.O. Box 5225
Frisco, CO. 80443



VOLUNTEER APPLICATION

Date of Orientation _____

Name _____

Cell Phone _____ Home Phone _____

Physical Address _____ City _____ Zip Code _____

Mailing Address _____ City _____ Zip Code _____

Email Address: *please write legibly* _____

In case of emergency, please notify:

Name _____ Relation _____

Cell Phone _____ Home Phone _____

NOTE - Children under the age of 14 must be accompanied at all times by an adult who has attended Volunteer Orientation. An adult may only accompany up to 2 children under 14 at a time except by special arrangement in advance.

Child(ren)'s name(s) and birthday(s):

Are you a minor under the age of 18? (Circle one) Yes No If yes, birthday: _____

If yes, you MUST have your parent or legal guardian sign on the signature line.

_____/_____/_____
Parent Signature Print Name Date Signed

COMMUNITY SERVICE - If you have a court order to perform community service you need to see front desk staff – volunteering cannot be part of your community service work hours.

Please note if you have any form of health insurance coverage: Yes No

Are you volunteering as part of a school or academic program requirement? _____

If yes, what school or institution are you affiliated with? _____

Why are you interested in volunteering at our shelter? _____

Please list any previous volunteer experience, or any special skills, abilities, or hobbies that would be helpful at the shelter. _____

(TURN OVER →)

Please describe any and all previous experience you have had working animals. _____

Do you have any physical limitations, including allergies that would limit your ability to perform the work you will do at the shelter? If so, please describe: _____

What are your feelings about euthanasia (causing a humane or painless death of an animal by the injection of a barbiturate)? *Please note that euthanasia is sometimes performed, but volunteers are never directly involved in the euthanasia process.*

What do you believe are some of the biggest problems facing animal shelters today? _____

Please list a personal reference (someone not related to you)

Name _____ Phone _____

1. You **must attend a Volunteer Orientation** no more than 30 days in advance of beginning your volunteer work.
2. While we do not ask you to make a specific time commitment to the shelter, we encourage you to come in as regularly as your schedule allows to get and remain comfortable here.
3. We recommend you have their own health insurance coverage before beginning your work as a volunteer. Worker's compensation coverage does not apply to volunteers.

All potential volunteers over 18 years of age are subject to a criminal background check at the discretion of the County. The County reserves the right to deny volunteer opportunities to individuals based upon the results of the background check. Please complete the information below:

Signature

Date of Birth

Dated Signed

For orientation dates, general information, and to sign up for a class please visit our website at www.summitcountyco.gov/animalcontrol

Email questions to our Volunteer Coordinator at Lisa.Spaulding@summitcountyco.gov





Volunteer Waiver – To be filled out by all volunteers
Please Print Legibly



NAME _____

ADDRESS _____

CITY/STATE/ZIP CODE _____ PHONE _____

EMERGENCY CONTACT NAME _____ PHONE _____

Please Initial:

_____ 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.

(TURN OVER →)

_____ 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** _____