

Wood County Dog Shelter

Andrew Snyder, Chief Dog Warden

A department under the Board of County Commissioners

Doris I. Herringshaw, Ed.D. Craig LaHote Dr. Theodore H. Bowlus



Volunteer Application

Name	_____	Phone Number	_____
Address	_____	Alternate Number	_____
City State Zip	_____	Email Address	_____
Emergency Contact	_____	EC Phone Number	_____

Why do you want to volunteer at the Wood County Dog Shelter?

Please list any limitations you may have when working with or near dogs.

Please describe any relevant experience working with the public or animals.

How many dogs do you currently own and are they currently vaccinated and licensed? Yes No

Do you have any affiliation with any other animal shelters or animal groups? Yes No

If yes, which organization? _____

Do you have any special skills such as dog grooming, training, etc.? Yes No

If yes, please explain. _____

Have you ever been convicted of a crime? If yes, please explain below. Yes No

What volunteer activities interest you?

- | | | |
|------------------------------------------------------|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> Exercising/Socializing Dogs | <input type="checkbox"/> Bathing/Grooming Dogs | <input type="checkbox"/> Training Dogs |
| <input type="checkbox"/> Photographing Dogs | <input type="checkbox"/> Updating Petfinder | <input type="checkbox"/> Updating Facebook |
| <input type="checkbox"/> Cleaning | <input type="checkbox"/> Fundraisers/Donations | <input type="checkbox"/> Education/Safety Program |

I have accurately and truthfully completed this volunteer application.

Signature _____ **Print Name** _____ **Date** _____

Copy to Volunteer Copy to Volunteer Orientation/Training File

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Volunteer Agreement

My signature below indicates I have read, understand and agree to the following:

I acknowledge:

- I am 18 years of age or older
- I am not covered under Worker's Compensation while volunteering
- I am required to attend an orientation and training prior to volunteering
- I may be required to complete additional training to volunteer in certain capacities
- Volunteers are not permitted to enter the Intake or Quarantine rooms
- I am required to sign in and out each time I volunteer to track my volunteer hours
- I may be photographed or video recorded with or without my knowledge while volunteering
- I consent to the reasonable use of photographs or video recordings of me by the Wood County Dog Shelter
- That animals are not to be off leash outside of the shelter unless it is in an approved fenced enclosure
- That the Wood County Dog Shelter reserves the right to restrict the number of volunteers at the shelter
- My volunteer status will be automatically rescinded if I have been inactive for six consecutive months
- I may volunteer only during shelter hours of operation
- That residents of Northwest Community Corrections Center (NWCCC), convicted felony offenders, may conduct community service, in plain clothes, at the Dog Shelter while I volunteer and that such residents are not directly supervised by NWCCC staff or Dog Shelter staff
- That policies and procedures applicable to volunteers were included in the orientation and training presentation
- That policies and procedures are made available to me in printed form at the shelter and I agree to comply with them

I agree:

- To provide my government issued identification card or driver's license and I authorize a copy to be made
- Not to interact with, attempt to move, enter a kennel with or touch a growling or otherwise aggressive animal
- To report any growling, attempt to bite or otherwise aggressive behavior exhibited from any animal
- Not to read, disclose or disseminate confidential, sensitive or protected health information inadvertently viewed
- To report any problems or concerns directly to the Volunteer Coordinator or Chief Dog Warden

Signature _____

Date _____

Copy to Volunteer

Copy to Volunteer Orientation/Training File

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RELEASE AND WAIVER OF LIABILITY AGREEMENT FOR VOLUNTEERS

In consideration for being permitted to volunteer at the **Wood County Dog Shelter**, 1912 East Gypsy Lane Road, Bowling Green, Ohio, I, for myself, my personal representative, assigns, heirs, guardians and next of kin, acknowledge and agree as follows:

1. I FULLY UNDERSTAND that the volunteer activities may include risks and dangers of serious bodily injury, including, but not limited to, dog bites, dog nips and scratches that may cause infection, exposure to animal disease/illness that may be transferable to humans, exposure to various chemical cleaning agents and their fumes, cuts, eye injuries, bruises, sprains, broken bones, heart attacks, and death. I HEREBY EXPRESSLY AND SPECIFICALLY ASSUME ALL SUCH RISKS, WHETHER KNOWN OR UNKNOWN, AND ALL RESPONSIBILITY FOR LOSSES, COSTS, AND DAMAGES I INCURE AS A RESULT OF MY SERVING AS A VOLUNTEER AT THE WOOD COUNTY DOG SHELTER.
2. I HEREBY RELEASE AND DISCHARGE the Wood County Board of Commissioners and the Wood County Dog Shelter, and their respective officials, directors, officers, employees, agents, contractors, representatives, volunteers, or otherwise (collectively "Releasees") from any and all actions, claims, or demands that I, my personal representatives, assigns, heirs, guardians, next of kin, now have or may have in the future, for injury, death, or property damage, related to (i) my volunteering at the Wood County Dog Shelter, (ii) the negligence or other acts, whether directly connected to these volunteer activities or not, and however caused, or (iii) the condition of the premises where these volunteer activities occur. I also agree that I, my personal representatives, assigns, heirs, guardians, next of kin will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by this Release.
3. I HEREBY AGREE, for myself, my personal representative, assigns, heirs, guardians and next of kin, to indemnify and hold the Wood County Board of Commissioners and the Wood County Dog Shelter, and their respective officials, directors, officers, employees, agents, contractors, representatives, volunteers, or otherwise, harmless from any and all claims, actions, suits, procedures, costs, expenses, damages, and liabilities, including attorney fees arising out of my volunteer services at the Wood County Dog Shelter from persons who are not party to this agreement and who claim or allege any personal injury or death or any damage to their property due to my intentional or negligent acts.
4. I acknowledge and understand that my volunteer services may be terminated at any time by me or by the Wood County Dog Shelter.

This Agreement is a complete and unconditional release of all liability to the greatest extent allowed by law. If any portion of this Agreement is held to be invalid, the balance, notwithstanding, shall continue in full force and effect.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND ITS CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN ME AND THE WOOD COUNTY BOARD OF COMMISSIONERS/WOOD COUNTY DOG SHELTER AND I SIGN IT OF MY OWN FREE WILL.

Volunteer Signature

Printed Name of Volunteer

Date

Copy to Volunteer

Copy to Volunteer Orientation/Training File