

Woonsocket Animal Shelter VOLUNTEER APPLICATION

Name _____ D.O.B _____

Address _____

Telephone _____ Mobile _____

Email _____ Best way to contact? _____

What types of volunteer work are you interested in doing?

___ Dog walking/feeding/care ___ Fostering ___ Cat Care ___ Transport

___ Fundraising ___ Clerical ___ General Housekeeping ___ Maintenance

Do you have experience or training in any of the following areas?

___ Dog Training ___ Grooming ___ Fundraising ___ TNR ___ Animal Rescue

___ Kennel Assistant Other _____

Please provide brief explanation of any areas checked.

What Skills/talents do you possess that you think the shelter may benefit from?

Have you ever volunteered at another shelter or animal related facility and/or do you hold any animal organization memberships? If so, please explain.

Would you be willing to place and maintain one or more canisters and/or distribute flyers at local businesses to help with fundraising? _____

Have you ever been charged/ convicted of a crime related to animal abuse/abandonment? If so, please explain.

Is there any information we should know about to get to know you better?

Do you presently own a dog, cat or other pets? If so, please list them.

Are all of your pets spayed/neutered and up to date on vaccinations? _____

If not, do you need assistance getting them spayed/neutered/vaccinated? _____

If you do not presently have pets, have you owned any in the past? _____

If yes, please describe what happened to them.

VOLUNTEER AGREEMENT

In consideration of this opportunity to volunteer, I agree to the following terms and conditions during my tenure as volunteer, intending to be legally bound by them:

1. I will abide by the mission, rules, regulations, policies, procedures and programs of the Woonsocket Animal Shelter
2. If I stop being a volunteer for the WAS, for any reason or upon the WAS's request at any time, I will promptly return all of the WAS's supplies, equipment, records, monies and any other items in good clean condition.
3. I assume the risks of being bitten, scratched, injured or frightened by the cats, kittens, dogs and puppies in connection with my volunteer work for the WAS. The WAS is not liable to me for my injuries, damages, liabilities, losses, judgments, cost or expenses whatsoever, which I might suffer or sustain in connection with the performance of my volunteer activities for the WAS, unless they are the result of the WAS's gross negligence or intentional misconduct. I will indemnify, defend and hold the WAS harmless from and against any claims or losses in connection with my gross negligence or intentional misconduct in the performance of my volunteer activities for the WAS, or my intentional breach of the WAS rules, regulations, policies, procedures and programs.
4. I understand and agree that the WAS may refuse volunteer applications for any reason
5. If I shelter or provide foster care or boarding for any of the WAS's animals in my house or business, I consent to the WAS visiting my home or business from time to time to observe the animals and their living quarters.
6. Any modification to this Agreement must be in writing signed by both parties. This agreement is binding upon the WAS, me and my respective heirs, successors, assigns, executors and personal representatives.

Applicant _____ Date _____

WAS Representative _____ Date _____

Agreement and General Release for Adult Volunteer and Non- Employee Inters

Thank you for offering your time to volunteer with the WAS. The work we do for the animals would not be possible without the help of our volunteers. Please read through the agreement below and complete the form at the end and return to the Animal Control Officer.

1. **Voluntary Acknowledgement and participation.** I Acknowledge that I have voluntarily agreed to serve as a volunteer for the WAS.
2. **Nature and scope of services.** As a volunteer, I will be contributing my time and efforts to various duties.

In the course of performing these duties, I agree as follows:

- To complete any orientation, training and paperwork relating to my volunteer position.
 - To disclose any physical or psychological limitations before participating in any activity. I will be respectful of my own limitations and will inform staff immediately of any such limitations.
 - To read and obey all safety rules and regulations, especially in the interest of the safety of the animals, staff and volunteers. I realize that the WAS has the right to revoke my volunteer privileges at any time if these rules and regulations are not followed.
 - To treat all staff, volunteers, animals property, tools and equipment with respect and kindness. I will return all property of the WAS when my volunteer relationship ends.
 - That either I or WAS can terminate this relationship as well.
3. **No compensation.** I agree to provide my services without compensation. I agree that I am not and will not become an employee, partner, agent, or contractor of the WAS upon execution of this agreement or in the performance of services.
 4. **Responsibility for my own acts and omissions.** I hereby agree to be legally and financially responsible and will indemnify and hold WAS harmless for my own acts and omissions relating to the services that I am voluntarily providing to WAS. I acknowledge that I am responsible for providing my own medical, liability and auto insurance during my volunteer service. I understand that I am not covered by worker's compensation nor insured by the WAS during the performance of my volunteer duties and tasks, including when driving a vehicle or transporting an animal.
 5. **Assumption of Risk.** I am voluntarily participating in the activities of the WAS with full knowledge of the risks and dangers involved and hereby agree to accept any and all risks of injury, death, or damage to myself and/or my personal property. As a volunteer, I may come into contact with and interact with animals, and such work entails the risk of personal injury due to proximity to animals, dangerous equipment, long distance driving and other considerations. These

include but are not limited to: being bitten, kicked, clawed, tripped and possible exposure to zoonotic diseases.

6. **Photo, video and audio release.** I understand that as a volunteer of WAS, I may be recorded on film, video or other electronic recording media. I hereby consent to such recording and to the use by WAS, of any recorded images or other media recordings of name and likeness for any purpose related to furtherance of the objectives of WAS, including use in WAS media properties such as its newsletter and website. In particular, I grant WAS permission to copyright and use, reuse, publish and republish audio video recording without restriction as to changes or alterations, for art, advertising, trade or any other purpose. Furthermore, I understand that all work product I create in my capacity as a volunteer will be property of WAS and WAS will have the sole right to use, sell license, publish or transfer any such work product in any and all media formats, including print, mechanical and electronic formats. I will disclose any such work product to WAS and assign all rights thereto WAS.

7. **Release.** As consideration for being permitted by WAS to participate in activities and provide services, I hereby agree that I, my assigns, heirs, distributes, guardians and legal representatives will not make a claim against, sue or attach the property of WAS for injury or damage resulting from any act, omission, negligence or other acts, howsoever caused, by any employee, agent, contractor, or representative of WAS as a result of my participation in activities and performance of the services and any audio video recordings. I hereby release WAS from all actions, claims, or demands that I, my assignees, heirs, distributes, guardians, and legal representatives now have or may hereafter have for injury or damage resulting from my participation in activities and performance of the services and any audio-video recordings.

8. **Confidentiality.** During my association with WAS, and thereafter, I will keep confidential, refrain from disclosing to others, and use only in the performance of my volunteer duties, all confidential information of WAS, that I develop or learn about during the course of my association. I understand that this agreement covers all confidential business and technical information and know-how of or about WAS, which is not generally known to persons outside of WAS, and which I have not been specifically authorized to disclose or use. Examples of confidential information include, but are not limited to: information regarding finances, membership and donors, volunteer performance research and development, the condition of the animals, campaigns, outreach programs and information received from others that WAS has agreed to keep confidential.

9. **Arbitration.** Any controversy or claim arising out of or relating to this agreement or its breach will be settled by arbitration in the State of Rhode Island in accordance with the rules of the American Arbitration Association. Judgment on the award rendered by the arbitrators may be entered in any court having jurisdiction over the award.

10. **Terms of Agreement.** I acknowledge that this agreement will apply to the entire term of my volunteer relationship, starting with the date I first perform volunteer duties for the WAS, even if it pre-dates the date of this agreement, and continuing as long as I continue to be volunteer and thereafter as it is necessary to protect the interests and rights of WAS.

11. **Governing Law.** This agreement will be governed by, and construed in accordance with the laws of the State of Rhode Island without regard to conflicts of laws principles.

I have read this Release Agreement and fully understand that I will relinquish all claims or actions known now or in the future against WAS. I am of legal age and legally competent to sign this agreement. I am signing this agreement of my own free will and without the influence of a WAS staff member.

Volunteer Acknowledgement of Safety Rules at WAS.

By signing below I acknowledge that I have read, understand and will follow the safety rules for all areas in which I volunteer. I further agree that if I am volunteering for WAS outside of the WAS property, I will read and abide by all guidelines as outlined by WAS.

Applicant _____ Date _____

WAS Representative _____ Date _____