

# VOLUNTEER APPLICATION

(must be over 18 years of age)



Return Completed Application to:

Belchertown Animal Control  
165 George Hannum St.  
Belchertown, MA 01007  
413-519-1754

Name: \_\_\_\_\_ Attended Info Session on: \_\_\_\_\_ (date)

Address/Mailing Address: \_\_\_\_\_

Phone numbers:(cell/home/work) \_\_\_\_\_

Email address: \_\_\_\_\_

Do you currently have a pet(s)? If so, list type and age \_\_\_\_\_

In which areas are you interested in volunteering:

Foster care of Cats/Kittens  Shelter Volunteer

Foster care of Dogs/Puppies

Please share your skills & training (check all that apply):

Customer Service/Fundraising  Public Speaking

Website Design  Dog Training

Event Planning  Other (list)

The following activities can be done in addition to your main assignment (above), please check any additional areas in which you would like to volunteer: (check all that apply)

Adoption Outreach Events  Laundry for Facility  General Office Support

Assisting in Feeding  Assisting in Cleaning  Special Events

Transporting Animals  Facilities Improvement



### Volunteer Release of Liability and Assumption of Risk

1. **Volunteer Participation:** I have freely and voluntarily agreed to participate in certain activities at the Belchertown Animal Control (BAC) as a volunteer. I understand that all services performed by me will be performed on a strictly voluntary basis and without compensation or benefits of any kind.
2. **Guidelines:** I understand that I must comply with all of the rules, agreements and protocols that are established and may change from time-to-time by the BAC (including, but not limited to, department-specific rules), and that my volunteer privileges may be revoked or suspended by BAC at any time for noncompliance or other safety issues.
3. **Assumption of Risk:** I understand that volunteering for BAC can be potentially dangerous and that I may interact with animals who, even under the best of circumstances, may be unpredictable and may bite or scratch or transmit zoonotic diseases. I understand and acknowledge that my volunteering is not without risk of serious injury, illness, death and damage to property, and I fully assume all risks in connection therewith.
4. **Financially Responsible:** I understand that *I am solely financially responsible* for any medical treatment or care for any injury or illness resulting from my volunteer activities, whether through my own health insurance coverage or otherwise. I have been encouraged to consult with a medical professional to address any concerns prior to my volunteering, including, for example, any recommended vaccinations before handling animals.
5. **Liability Release:** In consideration of my participation as a volunteer for the BAC, and good and other valuable consideration, the receipt and sufficiency of which is hereby acknowledged, I (together with my spouse, heirs, successors, representatives and assigns) agree to assume and to forever release, waive, discharge, indemnify and hold harmless the BAC including its directors, officers, employees and agents, and their respective successors and assigns (collectively, the “Released Parties”), for any and all claims, demands and damages of every kind and nature whatsoever, which I may have or which may hereafter accrue to me, against any of the Released Parties on account of any property damage, death, personal injury or illness, and the treatment thereof, including those caused by negligence or carelessness attributable to the Released Parties, whether known or unknown, foreseeable or unforeseeable, relating to my participation as a volunteer for the BAC.
6. **Media Release:** I grant to the BAC permission to use my name, likeness and statements in photographs, audio, video or other media, if any, to promote the BAC, programs or events. I understand that all film, audio, prints or negatives are the sole property of BAC and may be used without payment or notification.
7. **Confidential Information:** I agree to hold all confidential information in strict confidence and to take all actions reasonably necessary to protect the confidentiality of such confidential information. “Confidential information” means any information that a person exercising reasonable business judgement would understand to be confidential or proprietary that is disclosed to me or to which I have access in connection with my volunteering at BAC.
8. **Entire Agreement:** The above terms and conditions constitute the entire agreement between me and BAC, which will remain in full force and effect until expressly revoked or otherwise terminated by BAC in writing. By signing below, I give my consent without reservation to the above terms and conditions.

Volunteer Name:(Print Clearly) \_\_\_\_\_

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Getting To Know You:

How did you hear about the volunteer program? \_\_\_\_\_

Do you have any physical or psychological limitations or disabilities that might hinder you from participation in some activities (such as a heart condition, back injury, epilepsy, allergies, etc.)? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Please explain your interest in volunteering with BAC: \_\_\_\_\_

\_\_\_\_\_

Do you have previous volunteer experience with animals? If so, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you participating in a program currently that involves volunteering? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you available on weekdays? \_\_\_\_\_ weekends? \_\_\_\_\_

Please explain your availability: \_\_\_\_\_

\_\_\_\_\_

Employment Status: \_\_\_ Full-time \_\_\_ Part-time \_\_\_ Unemployed \_\_\_ Retired \_\_\_ Student

Occupation: \_\_\_\_\_ Employer \_\_\_\_\_

Does your Employer match volunteer hours with contributions to non-profit organizations? \_\_\_

### **EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone numbers (home/cell/work): \_\_\_\_\_



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165 George Hannum St.  
Belchertown, MA 01007  
413-519-1754  
afenton@belchertown.org

## **VOLUNTEER AGREEMENT**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Address: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_

Email address: \_\_\_\_\_

I understand that Belchertown Animal Control (BAC) makes no representations or warranties regarding any animal(s) behavior with adults, children or other animals, or provides other guarantees as to the animal(s) characteristics, personality or training. I understand and agree that BAC is not responsible for any injuries or property damage resulting from volunteering for BAC.

I indemnify and discharge BAC and its directors, officers, employees and agents, forever from and against any liability for any injury or damage to any person or property and from and against any causes of actions, suits or demands whatsoever that may arise as a result of such injury or damage.

My signature below indicates that I am at least 18 years of age.

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

BAC Witness: \_\_\_\_\_ Date: \_\_\_\_\_