



Friends of the Barnwell County Animal Shelter

Volunteer Application

Volunteer Information

Name _____

Address: _____

Home Phone: _____ Work Phone: _____

E-mail: _____

Emergency Contact

In an emergency, please notify: _____

Phone: _____

Interests

Check all that apply:

- Walking dogs
- Facility Maintenance
- administrative work
- Fundraising activities
- Foster Care
- Yard work
- Drivers
- Public Information
- Other: _____

Availability

Please indicate the time when you will be available to volunteer:

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____

Saturday _____ Sunday _____

The Friends of the Animal Shelter values your privacy and will not share your confidential information with any outside organization.



Friends of the Barnwell County Animal Shelter

Questions

Do you have any allergies or physical conditions that might affect your volunteer work?

If so, please describe:

Why do you want to volunteer with the Friends of the Animal Shelter? _____

What is experience do you have working with animals?

Signatures

Signature of Applicant: _____ Date: _____

Signature of Parent of Guardian: _____ Date: _____

Volunteers who are under the age of 18 must have parental approval.

Please bring the signed Application and Agreement to the Barnwell County Animal Shelter between Monday through Friday. Alternately, you can mail your completed and signed Application and Agreement to:

Friends of The Barnwell County Animal Shelter
PO Box 1009
Barnwell, SC 29812



Friends of the Barnwell County Animal Shelter

Volunteer Agreement

In consideration of this opportunity to volunteer for the Friends of the Barnwell County Animal Shelter, I, _____, agree to the following terms and conditions, intending to be legally bonding to them:

- I will abide by the mission, rules, regulations, policies and programs of the Barnwell County Animal Shelter while I am a volunteer.
- My primary customers are the "animals" at the shelter and their well-being and humane treatment are foremost in the performance of all Animal Shelter volunteer activities.
- I will not engage in any unsafe, illegal, or unethical activities while serving as an Animal Shelter volunteer.
- As a condition of volunteering, which I acknowledge to be adequate consideration, I also agree to hold Barnwell County harmless and enter into an additional waiver of liability contemporaneously with this Volunteer agreement.

The above conditions have been reviewed with me and I understand that failing to uphold them is sufficient grounds for the Friends of the Barnwell County Animal Shelter and the Barnwell County Animal Shelter to request and implement my removal as a volunteer.

Volunteers signature _____ Date: _____

Signature of Parent/Guardian (if volunteer is under the age of 18 years)

Liability Release Waiver

1. I recognize that while performing my services in a voluntary capacity, in handling animals, there exists a risk of injury, including physical harm to me. On behalf of myself, my heirs and personal representatives, I hereby release, discharge, indemnify and hold harmless the Barnwell County Animal Shelter, Friends of the Barnwell County Animal Shelter, its Board of Directors, agents, servants and employees from any and all claims, causes of action or demands of any nature or cause connected with my volunteer service. This might include costs, attorney's fees, and courts costs incurred by the Barnwell County Animal Shelter in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in some way in the prosecution of the volunteer work. Such damages or injuries might include, but are not limited to animal bites, accidents, injuries, or personal property damage.
2. I also agree to release, discharge, indemnify and hold the Barnwell County Animal Shelter and the Friends of the Barnwell County Animal Shelter harmless for any and all damages to my personal property while performing my services to the Barnwell County Animal Shelter in a voluntary capacity.
3. If I am signing this release form as a parent or legal guardian of a minor volunteer (under 18 years of age), I hereby give my consent to allow my child (ward) to volunteer services for the Barnwell County Animal Shelter and Friends of the Barnwell County Animal Shelter. I understand that such a minor child is not covered by the agency's worker's compensation or liability policy and I agree to hold the Barnwell County Animal Shelter harmless for any claim, loss or damage incurred by such child.
4. I acknowledge that I have read and fully understand the terms and conditions of the foregoing liability release waiver.

Volunteer's Signature: _____ Date: _____

Signature of Parent or Guardian