

FORSYTH COUNTY ANIMAL SHELTER

5570 Sturmer Park Circle
Winston-Salem, N.C. 27105
336-703-3647

www.forsyth.cc/animalcontrol

ADULT VOLUNTEER APPLICATION AND AGREEMENT

We would like to thank you for your interest in the Forsyth County Animal Shelter! Please complete the form and agreement below and return it to FCAS. Upon review of your application, we will contact you regarding our volunteer orientation program.

Name: _____ Date: _____

Address: _____

Are you 18 years or older? (We will accept volunteers less than 18 years of age with legal guardian's consent) _____

Home Phone: _____ Work Phone: _____

Best Time(s) To Call: _____

Email: _____

Occupation: _____

Any special job training, education or skills we should know about? _____

Do you have experience or training in any of these pet-related areas?

Training: _____ Grooming: _____ Vet Assistant: _____

Kennel Assistant: _____ Pet Store Sales: _____

Animal Rescue: _____

(NOTE: FCAS is open Mon., Wed., Friday & Sat. 12-5 p.m. and Tues. & Thurs. 12-7 p.m. However, we often need volunteers to help with kennel activities at other times)

What hours are you generally available for volunteering?

M:_____ T:_____ W:_____ Th:_____ F:_____ Sat:_____ Sun:_____

What activities would you like to help with? (check all that apply):

- Kennel Helper: _____
- S.P.O.T. (Shelter Pet Obedience Training) _____
- Public Greeter & Adoption Asst: _____
- Special Events: _____
- Adoption Fairs: _____
- Dog House Delivery: _____
- AniMeals: _____
- Buildings/Grounds Care: _____
- Office Help: _____
- PC Data Entry: _____
- Fundraisers: _____
- Publications: _____
- Other: _____

What kinds of pets do you have (or had):

In case of emergency who would you like us to contact?

Please provide two references (name and phone #):

Reference #1:

NAME _____ PHONE _____

Reference #2:

NAME _____ PHONE _____

Volunteer Agreement

As a public agency that houses homeless animals, the FCAS often does not have a medical or behavioral history (including rabies vaccinations or lack thereof), of the animals that volunteers come into contact with. While some training is provided, a certain amount of risk is always involved especially with unpredictable animals. FCAS strongly recommends that all volunteers have current tetanus vaccinations and that persons with suppressed immune systems consult with a Doctor prior to volunteering. In consideration of this opportunity to volunteer at FCAS, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide with the mission, rules, regulations, policies and programs of FCAS.
2. If I stop being a volunteer, or upon request by FCAS, I will promptly return all FCAS supplies, equipment, records, animals, moneys, and other items in good, clean condition.
3. I assume the risk of being bitten, scratched, or injured in connection with my volunteer work. FCAS and Forsyth County are not liable to me for any injuries, illness, damages, liabilities, losses, judgments, costs or expenses whatsoever, which I might suffer or sustain in connection with my volunteer activities, unless they are the result of the gross negligence or intentional misconduct of FCAS. I will indemnify, defend and hold the FCAS and Forsyth County harmless from and against any claims, lawsuits, injuries, damages, losses, costs or expenses whatsoever, sustained by any animal or person in connection with my intentional misconduct or grossly negligent performance of my volunteer activities, or my breach of FCAS rules, regulations, policies and programs.
4. I understand that FCAS may refuse or cancel volunteer applications for any legal reason.
5. I have accurately and truthfully completed this Volunteer Application and Agreement.
6. Any modification to this Agreement must be in writing and signed by both parties. This Agreement is binding upon the FCAS, Forsyth County, me, and the FCAS/Forsyth County and my respective heirs, successors, assigns, executors, and personal representatives.

Dated: _____

(Sign Name)
APPLICANT

(Sign)
FCAS STAFF

(Sign Name)
PARENT/GUARDIAN - Required for volunteers less than 18 years of age.

(Office Use Only)

Date Received: _____ Orientation Date: _____

1st Contact Date: _____ Start Date: _____

2nd Contact Date: _____ Termination Date: _____

Other Notes: