



**Colleton County Animal Services
VOLUNTEER APPLICATION**

PERSONAL INFORMATION

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Street) (City, State) (Zip Code)

Mailing Address (if different): _____

Phone: Home: _____ Cell: _____

Drivers License: _____ State: _____

Occupation: _____ Employer: _____

Business Phone: _____ Primary e-mail: _____

Age Requirement: _____ 17 or older
_____ 16 with signed permission from parent or legal guardian

Emergency Contact: _____
(Name) (Phone)

(Address) (Relationship) (Work Phone)

Have you been convicted of a crime that involved an animal? If yes, provide date, charge and outcome: _____

VOLUNTEER INFORMATION

How did you hear about our volunteer program? _____

Please list any volunteer experience you have: _____

Please list any training, experience, or education in animal care and welfare: _____

List any other skills: _____

Do you have any pets? Please List: _____

What do you hope to gain from your volunteer experience with us? _____

VOLUNTEER INFORMATION CONT

Available Schedule: Monday _____ Tuesday _____ Wednesday _____
Thursday _____ Friday _____ Saturday _____ Sunday _____

Please check the volunteer activity you are interested in:

- _____ Cage and/or Kennel Cleaning _____ Clerical _____ Cat /Dog Socializing
- _____ Bathing and/or Grooming animals _____ Housekeeping _____ Adoption profiles
- _____ Events/activities _____ Web Page _____ Photography

EMERGENCY MEDICAL TREATMENT AUTHORIZATION

As Volunteer or the Parent/Legal Guardian of the Minor Volunteer, I (Print Name) _____ authorize qualified emergency medical personnel, including a physician and staff, to examine myself (volunteer), or the above-named minor child in the event of injury, and to administer any emergency care or treatment deemed necessary. In the case of a minor child, a reasonable effort will be made to contact the Parent/Legal Guardian prior to any treatment. I agree to be responsible for all necessary charges incurred as a result of any care or treatment rendered pursuant to this authorization.

Signature of Volunteer if 17 years or older Date: _____

Signature of parent or guardian if volunteer is younger than 16 years old Date: _____

INFORMED CONSENT, RELEASE AND AGREEMENT TO HOLD HARMLESS

Colleton County, charter county government under the constitution of the State of South Carolina, hereinafter referred to as "the County," maintains an Animal Services section through the authority of the County Executive. In the regular course of providing said services in Colleton County, the Section utilizes volunteers in many animal related activities.

I, (Print Name) _____ wish to be a volunteer with CCAS. I recognize that I will be exposed to the routine risks of dealing with animals, which could include property damage, personal injury and/or bodily injury, including death, For and in consideration of permission to be a volunteer, I agree to release, forever discharge, and hold harmless the County, its officers, officials, employees and agents from any liability or claim of liability which might arise out of my volunteer activities.

Signature of Volunteer if 17 years or older Date: _____

Signature of parent or guardian if volunteer is younger than 16 years old Date: _____

PARENT/LEGAL GUARDIAN PERMISSION & ASSUMPTION OF LIABILITY - REQUIRED IF VOLUNTEER IS A MINOR (UNDER 16 YEARS OLD)

As Parent/Legal Guardian I, (Print Name) _____ hereby grant my permission for the above-named minor child ("Minor Volunteer") to participate in the above-referenced activity. I acknowledge, agree and understand that said participation involves risks and inherent dangers that may cause injury and/or death. On behalf of myself and the Minor Volunteer above, I agree to assume the liability and obligations referenced above and to release and forever discharge the County, its officers, officials, employees and agents from any liability or claim of liability arising out of the Minor Volunteer's activities.

Signature of Volunteer if 17 years or older Date: _____

Signature of parent or guardian if volunteer is younger than 16 years old Date: _____

VOLUNTEER AGREEMENT

- 1) I authorize Colleton County Animal Services to seek emergency medical treatment for me in case of accident, injury or illness.
- 2) I agree to abide by the policies and procedures presented to me during volunteer training and as updated thereafter.
- 3) I will take ideas, constructive comments, suggestion and criticisms directly to the Volunteer Coordinator or the Director.
- 4) If communication problems develop between employees or other volunteers and myself, I will report these to the Volunteer Coordinator or the Director as soon as possible.
- 5) I will direct all "media" requests to the Director. The term "media" includes all T.V., radio or print reporters, producers. Photojournalists or print media, and/or anyone else associated with these mediums.
- 6) I agree not to provide information to (or about) former owners of animals, adopters of animals, animals housed at the shelter, employees or volunteers to anyone unless the Director has approved divulging such information.
- 7) Photo authorization: I expressly grant to Animal Services, and to its employees, agents, and assigns, the right to reproduce an image of me and/or my pet in connection with the exhibition and publication of media including, but not limited to, live presentations, database records, slide shows, and print materials.
- 8) I agree to make a volunteer commitment of at least three (3) months. I also agree to work a minimum of five (5) hours per month to stay active in the program.
- 9) I understand that my volunteer assignment may be terminated at any time at the discretion of the Director.
- 10) Volunteers who fail to comply with safety rules and animal care protocols will be subject to disciplinary action up to and including termination.
- 11) I will not possess, use, sell or be under the influence of drugs or alcohol while on Animal Services property, premises or while volunteering at Department functions.
- 12) As a condition of being accepted as a volunteer with Colleton County Animal Services, I agree to maintain a high degree of ethical standards and be law abiding in all respects. I further acknowledge and agree to a background check to determine my driving record and any criminal proceedings against me (when applicable.) Should any unethical or illegal behavior be discovered, this may jeopardize my eligibility to volunteer.
- 13) I am offering my time and services to Animal Services purely as a volunteer and without any expectation of payment of any kind. I understand I will not be compensated for such services in any way, I hereby waive any claim for wages for the time and services volunteered by me.

 Signature of Volunteer if 17 years or older

Date: _____

 Signature of parent or guardian if volunteer is younger than 17 years old

Date: _____

Thank you for your interest in volunteering!

You will be contacted about attending an orientation when application has been screened and accepted. Needs of the Department will be taken into consideration when choosing volunteers.

Email to volunteers4ccas@gmail.com or mail/bring to CCAS 33 Poor Farm Rd Walterboro