**Franklin County**



**Animal Shelter**

550 Industry Rd. Farmington, ME

(207)778-2638 fcanimalshelter.org

Volunteer Application

Name: Date:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Address: |  | | | |
| Town: |  |  |  | Zip Code: |
| Phone # (Home): |  |  | (Cell): |  |
| Email: |  |  |  | Are you 18 years or older? *YES NO* |
| Do you have reliable transportation? | *YES* | *NO* |  |  |

Why would you like to volunteer (circle all that apply)?

*To Help Animals Court Ordered School Requirement Other:*

If court ordered, please explain further:

Do you need to volunteer a specific amount of hours? *YES NO* If yes, how many?

Do you have skills from previous work or experiences that you’d like to offer as a volunteer?

Do you have any allergies? *YES NO*

If yes, what is the allergy?

Emergency Contact Name:

Emergency Contact Phone:

Please read and respond to the following guidelines and rules:

* All Franklin County Animal Shelter (FCAS) volunteers are required to complete a volunteer orientation prior to their first volunteer shift unless otherwise specified by the Volunteer Coordinator. Orientations are held at least once a month. Do you agree to attend an orientation? *YES NO*
* Volunteers must disclose any physical or psychological limitations that may effect their volunteer activities at FCAS. If you are unsure whether or not something will affect your work, please disclose it. Is there anything you feel you should disclose? *YES NO*
* Volunteers must obey all FCAS safety rules and regulations. If a volunteer fails to obey rules and regulations, their volunteer privileges can be revoked. Do you understand? *YES NO*
* Volunteers must treat all FCAS staff, animals, volunteers, property, and equipment with respect. Volunteers must return all borrowed FCAS property when the volunteer relationship ends. Do you agree? *YES NO*
* Both the volunteer and FCAS have the power to terminate the volunteer relationship at any time. Do you understand? *YES NO*
* Volunteers will not be monetarily compensated for their time and service to FCAS. When tasks assigned by FCAS staff and completed by volunteers in service of FCAS require supplies or money, everything required can be provided by FCAS. Do you understand? *YES NO*
* Volunteers are required to provide their own medical, liability, and auto insurance during volunteer service.

Volunteers are not covered by workers’ compensation nor insured by FCAS. Do you understand? *YES NO*

* There are some risks associated with volunteer work at FCAS including animal bites and scratches, exposure to zoonotic diseases, transmission of diseases and illnesses to personal pets, and general injury while completing FCAS tasks. Do you agree to release FCAS, its Board of Directors, and all employees from any and all liability in the event of exposure to disease/illness, or injury? ? *YES NO*
* Volunteers will be required to maintain confidentiality regarding information learned during their volunteer relationship unless specifically authorized to disclose. Do you understand? *YES NO*
* Volunteers are representing FCAS, so they will be expected to dress appropriately. This includes close-toed shoes with flat soles, pants at least knee-length, no low necklines, no offensive logos or text, no bare midriff or revealing tank tops, no stains or holes in clothing, and no dangling earrings or necklaces.

Do you agree? *YES NO*

* This agreement will apply to the entire term of the volunteer relationship. Volunteers (and parent/guardian if volunteer is under 18 years of age) will sign below, indicating that they have read, understood, and responded to the entire Volunteer Application Agreement. Do you understand? *YES NO*

Volunteer Signature: Date:

Parent/Guardian Signature (If under 18 years old): Date:

*Staff Approved Staff Denied* Staff Initials: Date: