Tri County Animal Shelter & Adoption Center

Volunteer Application & Policy Statement

Thank you for your interest in volunteering with Tri County! Our volunteers are valued team members and we appreciate your support. Please complete this application and review the policy statement to begin the process of becoming a Tri County Volunteer.

**General Information**

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

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

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

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**Parent/Legal Guardian Release of Liability**

This release of liability form is an authorization for your child to participate, at your request, as a volunteer at Pitt County. To volunteer without a parent/legal guardian the child must be at least **14** years of age. This form **MUST** be completed, signed, and returned BEFORE your child may volunteer at Tri County.

Signature of Parent/Guardian: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Minor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Emergency Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

*Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_*

Please read over and initial next to the following items. If the volunteer is under 18 years old, the parent/legal guardian must also read over the items and initial next to the volunteers initials.

\_\_\_\_\_ I fully understand that my services are provided strictly in a voluntary capacity, and I agree to provide my services to TCAS as a volunteer. I understand that I will receive no compensation, salary, employee benefits or payments of any kind for the services I render.

\_\_\_\_\_ I fully understand that the TCAS handles large numbers of animals on a daily basis. The temperament of these animals is often unknown to TCAS staff. I agree to not hold Tri County Animal Shelter or Chowan County responsible for any injuries, which I might sustain, from handling animals during the course of my volunteer and or community service duties.

\_\_\_\_\_ I fully understand and agree to assume all risks involved in any and all duties that I perform for TCAS in my volunteer capacity. Such duties might include, but are not limited to, animal handling, custodial work, kennel staff assistance, and other volunteer duties.

\_\_\_\_\_ I agree to familiarize myself with TCAS policies and procedures, and will fully comply with both the letter and spirit of these policies and procedures.

\_\_\_\_\_ I fully understand that TCAS expects high standards of moral and ethical treatment of animals under its care. I agree to adhere strictly to these standards in my volunteer capacity at TCAS.

\_\_\_\_\_ I fully understand and agree that either failure to comply with any and all of these obligations, policies, and procedures outlined in this volunteer agreement and explained to me at volunteer orientation or for any reason whatsoever, while performing my volunteer services to TCAS. The TCAS, at its sole discretion, may immediately terminate my services.

\_\_\_\_ I agree to release, discharge, indemnify and hold TCAS (Chowan County) non responsible for any and all damage to my personal property while performing my volunteer services to TCAS in a volunteer capacity.

\_\_\_\_ I recognize that in handling animals at TCAS there exists a risk of injury including personal/physical harm. On behalf of myself, my heirs, personal representatives and executors, I hereby release and do not hold responsible the TCAS, its agents, servants and employees from any and all claims, causes of actions or demands, of any nature of cause connected with my volunteer agreement. This might include costs, attorney fees and court costs incurred by TCAS in connection with my volunteer services based on damages or injuries, which may be incurred or sustained by me in any way. Such damages or injuries might include, but are not limited to, animal bites/scratches, accidents, injuries, or personal property damage.

\_\_\_\_ I understand that public relations are an important part of volunteering at TCAS. I therefore agree on behalf of myself, my heirs, personal representatives, and executors to all TCAS to use any photograph taken of me for use in public relations effort. TCAS will use reasonable efforts to notify me, but such notification is not a condition of the photographs released for public relation purposes.

**Tri County Animal Shelter & Adoption Center**

**Memorandum of Understanding & Release of Liability**

On this 14th day of February, 2019, Tri County Animal Shelter & Adoption Center enter into this memorandum of understanding which details the responsibilities and understanding between both parties as follows:

1. Services: Chowan County provides various services to Chowan County citizens, through many programs. Some of these services can be enhanced by the use of volunteers. The County agrees to provide training for each volunteer assignment. Through providing services to the County, the volunteer can learn firsthand about their government and know that they are helping to enrich the lives of their fellow citizens.
2. Compensation: Volunteer will receive no compensation for these services.
3. Confidentiality: Volunteer acknowledges that they have received information about and understand the great importance of maintaining confidentiality with regard to any information contained in records or through observation or discussions during any volunteer assignment. Furthermore, the volunteer acknowledges an understanding that there are laws regarding confidentiality which could place them in danger of criminal and civil liability for revealing any such confidential information, however received.
4. Termination: The County may terminate the volunteer’s services at any time upon notice to the volunteer. The volunteer may terminate their services to the County at any time upon notice that they will no longer provide these services. The volunteer may request a different assignment if they are not comfortable with the volunteer assignment.
5. Release of all Liability: Volunteer hereby releases and discharges Chowan County, its officers, employees, agents and assigns, from any and all liability for claims or causes of action of any kind, including but not limited to: losses, injuries, damages, costs or attorneys’ fees arising from personal injury, wrongful death, property damage or other damages, that may result directly or indirectly, from these volunteer services.
6. Relationship between County and Volunteer: The acceptance of a volunteer assignment by volunteer DOES NOT create the relationship of employer and employee between the County and the volunteer. The volunteer acknowledges that said volunteer has requested the County allow them to serve at their own risk and that the County provides NO insurance of any kind for the benefit of volunteer, and that volunteer voluntarily accepts and assumes all risks associated with or arising from participation in the Volunteer Program. If volunteer is concerned about the safety of an assignment, volunteer may refuse said assignment.
7. Driving Privileges: Volunteers are NOT permitted to operate county-owned vehicles.
8. Consent, Waiver, and Release of Photo/Media: Volunteer hereby grants to the TCAS the right to exhibit volunteer’s name and/or picture in connection with Chowan County. Any photograph may be used without volunteer’s prior examination of the finished product. Volunteer hereby waives his or her right to privacy with this consent and acknowledges that there shall be no financial payment for use of the photo, etc. by the County for recruitment/reporting purposes.
9. Age Requirements: Volunteers MUST be at least 14 years of age. Any volunteer under the age of 14 MUST have the consent of a parent or legal guardian.
10. Acknowledged and Agreed: Volunteer, by signing below, acknowledges that TCAS and Chowan County are permitting said volunteer to serve as a volunteer with Chowan County under the terms and conditions stated herin.

Agreed between the parties on this the \_\_\_\_\_\_ day of \_\_\_\_\_\_\_\_\_\_\_\_\_\_, 2024

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

Volunteer Services Director Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Parent/Legal Guardian Consent Form**

(Required for all volunteers under the age of 18)

I agree to release, discharge, indemnify and hold the Tri County Animal Shelter (TCAS) harmless for any and all damages to my child/ward and/or property while performing as a volunteer in a volunteer capacity any and all duties for the TCAS. I recognize there exists a risk of injury or illness, including personal injury or harm handling animals at the TCAS in a volunteer capacity. On behalf of myself, my heirs, personal representatives and executors, I hereby release, discharge, indemnify and hold harmless TCAS, its agents, affiliates, servants, employees and board of directors from any and all claims, causes of action or demands, of any nature or cause connected with my child’s/ward’s volunteer services. This is to include costs and/or attorney’s fees incurred by the TCAS related to damages incurred or sustained by my child/ward in any way in connection with his/her volunteer services. Such damages or injuries might include, but not limited to, animal bites and scratches, injuries and personal property damage.

I further understand that public relations are an important part of volunteering at TCAS. I agree, therefore, on behalf of myself, my heirs, personal representatives and executors to allow TCAS to use any photographs or audio/video recordings taken of my child/ward for use in public relations effort. Any photographic images or audio/video tapes in which my child/ward appears will become property of the TCAS, which can use them in any and all ways it sees fit. The TCAS will use reasonable efforts to notify me, but such notification is not a pre-condition to the release of the photographs under the backings of the TCAS.

As a parent/legal guardian for \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, I hereby give my consent to allow my child/ward to perform volunteer services for the TCAS as described above. I have fully read and agree to all terms and conditions as set out in this document and have, to the best of my ability, explained them to my child/ward.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent/Guardian Signature Date

**Tri County Animal Shelter**

**Volunteer Do’s & Don’ts**

**Do’s:**

* Assist kennel technicians with daily duties (feeding/cleaning of dogs & cats).
* Walk dogs
* Socialize cats
* Wash dishes
* Wash/refill litter pans
* Sort newspaper
* Put away clean dishes
* Sweep/mop areas as needed
* Take trash to dump
* Scoop play yards
* Clean up behind any animals you take out
* Make Director aware of anything that you feel isn’t right (call or text 252-312-9808)

**Don’ts:**

* Go into CHOWAN (quarantine area) or the feral cat room
  + These dogs/cats are not to be messed with, they are STAFF only!
* No volunteers on Sunday unless prearranged with Director
* No excessive treats or outside food
  + We are trying to keep our dogs/cats as healthy as possible and don’t want to risk upset stomachs.
* If a cage is marked as STAFF ONLY, then it is that…STAFF ONLY
* If you aren’t volunteering for daily duties, then please try to come in the afternoon hours (1p-4:30p during the week and 10a-12:30p on Saturdays) so we can get daily stuff done in a timely manner.

Volunteers must be able to:

* Walk dogs and pick up feces as needed in common walking areas or play yards
* Scoop litter boxes and wash them
* Sterilize cages/kennels as needed
* Wash dishes, food/water bowls, etc
* Sweep and mop as needed
* Brush/bathe animals as needed
* Help with general upkeep of the shelter
* Socialize animals when other tasks have been completed

Days Available:

Monday

 Tuesday

Wednesday 

Thursday 

Friday 

Saturday 

Shifts Available:

Morning 

Afternoon 

Preference:

Dogs 

Cats 