

# *Copiah Animal Shelter*

P.O. Box 366, Crystal Springs, MS 39059  
copiahanimalshelter@yahoo.com copiahanimalshelter.net

## Volunteer Agreement

Name \_\_\_\_\_

Primary Phone \_\_\_\_\_ okay to share? \_\_\_yes \_\_\_no Text? \_\_\_yes \_\_\_no

Alt. Phone \_\_\_\_\_ okay to share? \_\_\_yes \_\_\_no Text? \_\_\_yes \_\_\_no

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

E-mail \_\_\_\_\_ okay to share? \_\_\_yes \_\_\_no

In signing this agreement, I understand and agree to the following:

- 1) My participation with the Copiah Animal Shelter is strictly on a volunteer basis; therefore no insurance against bodily harm is provided for me. I agree to release from liability the Copiah Animal Shelter from any and all injuries or damages incurred during my participation in any program
- 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, suggestions and criticisms directly to the Board Members
- 4) If communication problems develop between other volunteers and me, as soon as possible, I will report these to the Volunteer Coordinator or a Board Member
- 5) I agree not to provide information to (or about) former owners to (or about) prospective adopters unless divulging information is approved by a Board Member
- 6) I understand that my volunteer assignment may be terminated at any time at the discretion of the Board

Volunteers under the age of 18 must have signed approval from their parent or guardian

Signature \_\_\_\_\_ Date \_\_\_\_\_

If under 18, what is your age? \_\_\_\_\_

Signature of Parent or Guardian \_\_\_\_\_ Date \_\_\_\_\_