

MIDDLESEX COUNTY ANIMAL SHELTER

2840 GENERAL PULLER HWY

SALUDA, VIRGINIA 23149

(804) 695-7772

Volunteer Application

(Print Please)

Name: _____ Nickname: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

E-mail _____ Emergency Contact Person: _____

Contact Person Home Phone: _____ Cell/Work Phone: _____

Animal Care Experience: _____

Type of volunteer job desired: _____

Volunteer Acknowledgement

I have read, understand, and agree to the Volunteer Guidelines set forth by Middlesex County Animal Shelter. I fully understand and agree that I am providing my services in a volunteer capacity without any expressed or implied promise of salary or employment benefits. I agree to perform my volunteer duties to the best of my ability and adhere to the Guidelines. I further understand that my volunteer involvement may be terminated for reasons including, but not limited to, those outlined in the Guidelines.

I recognize that working with animals places me at physical risk and I agree to assume that risk. I realize that although Middlesex County Animal Shelter has taken all reasonable measures to protect me, accidents and injuries may still occur. Therefore, I hereby completely release and entirely discharge Middlesex County Animal Shelter from any and all claims and causes of action of negligence or gross negligence that I or another might have or bring relating to or arising from any injury or damage that I should sustain while assisting Middlesex County Animal Shelter or in connection with my volunteer work for Middlesex County Animal Shelter.

I affirm that I have never been convicted of animal cruelty, neglect, or abandonment in this or any other jurisdiction. I certify that I will update this statement as changes occur.

Name (printed)

Signature

Date

Volunteer Job(s) Assigned _____

Animal Shelter Manager, or Designee

Date

(A copy of this signed form will be given to the Volunteer.)