



WASHINGTON COUNTY ANIMAL SHELTER

VOLUNTEER APPLICATION

Date: _____

Adult Junior Volunteer (under 18) Age: _____

*If under age 18 a WCAS Permission and Release of Liability Form needs to be signed by a parent/guardian. Children under the age of 18 must be accompanied by an adult while volunteering.

First Name: _____ Last Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____

Emergency Contact: _____ Phone Number: _____

How did you hear about us? _____

Are you volunteering short term or long term?

Short term – (for your school or court).

Name of school: _____

Purpose of Volunteering: _____ Duration/Hours needed: _____

Name of court: _____

Purpose of Volunteering: _____ Duration/ Hours needed: _____

Long term:

Purpose of Volunteering: _____ Duration: _____

If you would like to become a long term volunteer and receive emails on upcoming adoption events and shelter work that you could participate in please fill out the information below.

Email: (Please print legibly): _____

Best way to contact you? Email Phone

What type of volunteer work are you interested in? (Please check all that apply)

- Outdoor kennel cleaning
- General shelter cleaning
- Dishes/Laundry
- Grounds keeping
- Offsite adoption event assistance
- Event coordination assistant
- Offsite fundraising events

WASHINGTON COUNTY ANIMAL SHELTER

VOLUNTEER WAIVER

I, the Volunteer Applicant, desire to work as a volunteer for the Washington County Animal Shelter and engage in the activities related to being a volunteer for the Organization.

I hereby voluntarily execute this Volunteer Waiver under the following terms:

I understand that this Waiver discharges the Organization from any liability or claim that I, the Volunteer, may have against the Organization with respect to bodily injury, personal injury, illness, death, or property damage that may result from my participation on the Organization's work site. I also fully understand that the Organization does not assume any responsibility for or obligation to provide financial or other assistance including but not limited to, medical/health or disability insurance, in the event of injury, illness, death or property damage.

I, the Volunteer Applicant, understand that I expressly waive any such claim for compensation of liability on the part of the Organization beyond what may be offered freely by the representative of the Organization in the event of such injury or medical expense.

I hereby release the Organization from any claim whatsoever which arises or may arise in the future on account of any first aid treatment or other medical services that are conducted in the connection with an emergency during my time with the Organization.

I understand that my time with The Washington County Animal Shelter may include various activities that may be hazardous to me and I hereby expressly and specifically assume the risk of injury or harm in these activities and release the Organization from all liability from injury, illness, death, or property damage resulting from the activities of my time with the Organization.

I expressly agree that this Waiver is intended to be as broad and inclusive as permitted by the laws of the State of Arkansas in the United States of America. This Waiver shall be governed by and interpreted in accordance with the laws of the State of Arkansas. I agree that in the event that any clause or provision of this Waiver shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this Release which shall continue to be enforceable.

Signature: _____ Date: _____

***Underage Permission Release of Liability Form**

If applicant is under the age of 18, the following must be signed by a parent/guardian. I have read the application and terms of the Waiver and I give my permission for my son/daughter to volunteer at WCAS, I also understand a parent/guardian must be with my child if he/she is under the age of 18.

Parent/guardian signature: _____ Date: _____