

PORTER COUNTY ANIMAL SHELTER

"We are their shelter, You are their Future"

3355 S Bertholet Blvd.
Valparaiso, IN 46383
(219) 465-3550



VOLUNTEER APPLICATION

Name: _____ Date: _____

Address: _____

Phone Number(s): _____

Date of Birth: _____ Age: _____

*All Volunteers MUST be 16 years of age or older.

Email Address: _____

Are you currently employed? If yes, where? _____

Have you been convicted of a felony in the last 5 years? If yes, please explain.

EMERGENCY CONTACT INFORMATION:

Name: _____ Relationship: _____

Phone Number(s): _____

I'm interested in volunteering:

_____ Inside the shelter - Giving attention to the animals, walking dogs, petting the animals, grooming, cleaning cages/kennels, general help

_____ Outside the shelter- Booths at fairs, pet adoption events, fundraising, education programs in schools, distribution of pet flyers, etc.

Days Available: Mon.____ Tues.____ Wed.____ Thurs.____ Fri.____ Sat.____ Sun.____

Times Available: Morning_____ Afternoon_____ Evening _____ (Tues-Fri)

REQUIREMENTS-

AGE- Must be 16 years of age or older to volunteer. If under 18 a parent or guardian must sign waiver.

SAFETY- Everyone must wear long pants, work boots, or gym shoes

PROTECTION- We suggest everyone have a current tetanus shot.

INJURY- If you are bitten or scratched, report this to a shelter employee immediately.

RESTRICTED AREAS- NO volunteers are permitted to enter Quarantine or Isolation. Volunteers must follow all color coded leashes or stickers we have on animals.

ORIENTATION- Every volunteer must attend an all 3 steps of orientation before volunteering.

If volunteer is under the age of 16 years old, his/her parent or guardian must be present to sign this volunteer agreement.

Volunteer Signature: _____

Parent/Guardian Signature: _____

Date: _____

WAIVER OF LIABILITY FOR VOLUNTEERS

The undersigned, for and in consideration of the pleasure of working with and caring for animals, provides his/her work, time, and energy, hereinafter called "services" with the full understanding that said services will not be compensated in any manner, and therefore are "voluntary." Further, it is the understanding of the undersigned that, since the services are of a voluntary nature, the undersigned waives any claim for lost wages, pain, and suffering, and/or any compensatory, consequential, and/or incidental damages he/she may sustain as a result of providing the voluntary service.

The undersigned further agrees to release and hold harmless Porter County and the Porter County Animal Shelter for any claims which may arise as a result of performing volunteer work, including injury to person or property.

The undersigned further understands that as a volunteer they are not covered by Porter County insurance or worker's compensation.

Date

Volunteer Worker Signature

Witness

Volunteer Worker (print)