

## Shelter Rules for Volunteers

Children under the age of 16 **MUST** be accompanied by a parent or guardian at **ALL** times. You and your child must have had orientation.

Parents - you are responsible for watching your child at **ALL** times. Please do **NOT** let them wander around the shelter.

Remember to sanitize you hands **AFTER EVERY** animal you touch. Do **NOT** touch another animal unless your hands are germ-free.

**NO** shorts or open-toed shoes allowed. No bare feet allowed. This is for your safety - to protect your legs and feet.

**NO** running, jumping, yelling, screaming or squealing allowed inside or outside of the building. You could fall and get hurt or scare the animals to the point they may scratch or bite you.

We don't like dog fights - only **ONE** dog allowed in play yard at a time. All other walkers should walk their dogs around the graveled yard. Please keep your dog away from other dogs. They don't know each other and may fight. Only a kennel technician may introduce dogs to each other

**NEVER** let your dog off of the leash when outside unless you are in the play yard and the gate is locked.



# Richmond County Animal Shelter

529 W Hwy 74, Rockingham, NC 28379  
(910) 895-0335

## VOLUNTEER REGISTRATION FORM

Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
(First) (Middle Initial) (Last)

Address \_\_\_\_\_  
(Street)

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Mailing Address (If different) \_\_\_\_\_  
(Street or PO Box)

City \_\_\_\_\_ Zip Code \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_  
(Home) (Cell)

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

What are you interested in volunteering for? (Check all that apply)

- Grooming  
 Socializing  
 Cleaning  
 Special Events  
 Feeding  
 Clerical work

Other-Please Specify \_\_\_\_\_

Reason for Volunteering (Check all that apply)

- School Credit  
 Outreach (Church)  
 Contribute to Society  
 Internship  
 Court Ordered/Community Service  
 Resume Enhancement

In the event of an emergency, who should we contact? Please provide two (2) names, their phone numbers and their relationship to you.

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

\_\_\_\_\_  
(Name) (Relationship) (Phone Number)

**\*\*\*\*RELEASE OF LIABILITY AND INDEMNITY AGREEMENT\*\*\*\***

For and in exchange for my being allowed to volunteer with Richmond County, NC to offer assistance, care for and serve the dogs, cats, and/or other animals (collectively, "animals") at the Richmond County Animal Shelter (the "Shelter") and other valuable consideration, I hereby agree as follows:

I, \_\_\_\_\_, hereby fully and forever release, discharge and acquit Richmond County, its commissioners, officers, directors, employees, agents, volunteers, affiliates and all others acting on its behalf (collectively, the "County"), from any and all claims, actions, causes of action, remedies and complaints of any kind which I have or may in the future have, whether known or unknown, arising out of or relating to the animals or to my volunteer work at the Shelter including all claims of personal injury, wrongful death, property damage and all claims resulting from any injury incurred by me in the course of my volunteer work at the Shelter.

I recognize and accept on my own behalf all risks associated with unpredictable animal behavior. I specifically assume all risks arising out of or relating to my care and handling of the animals at the Shelter. I recognize that the County makes no representations whatsoever as to the past history of the animals and whether or not they are safe animals and specifically advised me regarding the dangers inherent in the care and handling of animals at the Shelter.

I agree to defend, indemnify and hold harmless the County from any and all suits, action, claims, damages, liabilities, expenses and costs, including attorney fees, arising out of or relating to my work with the animals or my volunteer work at the Shelter.

I am 18 years old or older and I acknowledge that I have read and understand the above Release.

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

Printed Name \_\_\_\_\_ Date \_\_\_\_\_

Complete Address (Including City/Zip)  
\_\_\_\_\_

**\*\*Parental or Guardian Signature Required for Volunteers 16 or 17 years of Age**

I \_\_\_\_\_ (Print Name) THE PARENT OR GUARDIAN OF \_\_\_\_\_ HAVE READ AND VOLUNATARILY SIGNS THE WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Complete Address (Including City/Zip)  
\_\_\_\_\_

Acknowledged and Received by:  
Richmond County

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

# Richmond County Animal Shelter

## Parental Consent Form

In order for your child to perform volunteer work or community service with us, we need your consent and your involvement in helping them have a productive experience. Please read, sign and date this parental consent form if you would like us to continue our process of considering your child as a possible volunteer. Please call the **Animal Shelter Director** at (910) 895-0335 if you have any questions or would like further information.

**Name of Prospective Youth Volunteer:** \_\_\_\_\_

**Age of Volunteer:** \_\_\_16 or 17 years old

I understand that my child named above wishes to be considered for volunteer work and I hereby give my permission for them to serve in that capacity, if accepted by the Richmond County Animal Shelter volunteer program.

I understand that they will be provided with orientation and training necessary for the safe and responsible performance of their duties and that they will be expected to meet all the requirements of the position. I understand that they will not receive monetary compensation for the services contributed. I have also read and signed the RELEASE OF LIABILITY AND INDEMNITY AGREEMENT.

**Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Relationship:** \_\_\_\_\_

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