



# ANIMAL RESCUE FRIENDS SOCIETY

OF GRANT COUNTY, WA

P.O. Box 453, Ephrata, WA 98823

## VOLUNTEER APPLICATION

**Orientation must be completed prior to volunteering.**

**Minimum age to volunteer is 16. Parent / Guardian approval is required if younger than 18.**

*PLEASE PRINT CLEARLY*

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ COMPANY/ SCHOOL: \_\_\_\_\_

PRIMARY PHONE: \_\_\_\_\_ WORK: \_\_\_\_\_ OTHER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

*Note: by providing your email address you agree to receive emails from ARFSGC. Please contact us if you wish to discontinue email communication.*

IN CASE OF EMERGENCY PLEASE NOTIFY: \_\_\_\_\_

RELATIONSHIP: \_\_\_\_\_ PHONE: \_\_\_\_\_ OTHER: \_\_\_\_\_

**Do you have any physical or medical limitations or disabilities we should know about in the event of emergency, or that may affect dog handling? (i.e. heart condition, mental illness, learning disabilities, back injuries, epilepsy, allergies, etc.)**

**If YES, please explain:** \_\_\_\_\_

### Why are you volunteering with ARFSGC?

- To Help Homeless Animals
- Placement with School, Vocational Counselor, Case Manager
- Community Service Credit
- Other: \_\_\_\_\_

### Please indicate your areas of interest in volunteering:

- Dog Transport
- Dog for a Day
- Administrative
- Foster a Dog
- Photography
- Social Media
- Dog Behavior Assessment
- Videography
- Auction: \_\_\_\_\_
- Adoption Counselor
- Fundraising
- Other: \_\_\_\_\_
- Accounting
- Artwork
- Other: \_\_\_\_\_

List your specific skills and talents that might be useful in your volunteer work: (i.e. photography, computer, animal handling, etc.) \_\_\_\_\_

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**What is your experience with dogs?**

- |                                                 |                                                         |
|-------------------------------------------------|---------------------------------------------------------|
| <input type="checkbox"/> Had dogs growing up    | <input type="checkbox"/> Have /had 1 or 2 dogs as adult |
| <input type="checkbox"/> Have friends with dogs | <input type="checkbox"/> Knowledgeable and experienced  |
| <input type="checkbox"/> First time dog owner   | <input type="checkbox"/> Have worked with a shelter     |

*If you are a dog owner BE AWARE that occasionally we deal with dogs that have canine communicable diseases. It is YOUR responsibility to confirm your pet's vaccinations and keep them up to date.*

*Vaccinations should include, but are not limited to: parvo / distemper / influenza, rabies, kennel cough.*

**Please list two references we may contact who know of your abilities and interests – they may be personal, professional, volunteer or school references:**

NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This reference is:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Personal     | <input type="checkbox"/> Business     |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Other: _____ |

**Describe your relationship with this reference and duties you performed at organization, if applicable:**

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NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_

EMAIL: \_\_\_\_\_

This reference is:

- |                                       |                                       |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Personal     | <input type="checkbox"/> Business     |
| <input type="checkbox"/> Professional | <input type="checkbox"/> Other: _____ |

**Describe your relationship with this reference and duties you performed at organization, if applicable:**

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## ARFSGC

### VOLUNTEER WAIVER, RELEASE, AND INDEMNIFICATION AGREEMENT

This agreement is entered into with Animal Rescue Friends Society of Grant County, hereafter known as “ARFSGC,” jointly by the undersigned \_\_\_\_\_ (print your name) hereafter known as “Volunteer,” in order to permit the Volunteer to participate in the Volunteer Program. This Agreement is for the benefit of ARFSGC and each of its staff members, employees, officers, directors, agents, and representatives hereafter known individually as an “Indemnitee” and collectively as “Indemnitees.”

Volunteer has been advised that the activity of working with the animals is hazardous and involves contact with animals that are unpredictable. As such ARFSGC cannot be held liable for injuries, or accidents that may occur as a result of working with the animals. Volunteer understands that the following are some, but not all, of the risks associated with working with shelter animals:

- Bites or scratches from dogs
- Being knocked down or pulled excessively by a dog
- Injuries relating to wrist/hand/fingers from a dog leash
- Slips/trips/falls resulting from wet floors/kennels, or equipment
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Internal or external parasites, zoonotic diseases (human illness contracted from animals), flea and tick bites
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food or equipment
- Injuries caused from grooming equipment – such as clipper blades, shears, dryers
- Exposure to cleaners, latex gloves, bleach, parasite control products, etc.
- Exposure to, or incidents relating to, the public or volunteers (outburst, inappropriate contact, etc.)
- Loss of personal property
- Any type of damage to car while traveling or parked during volunteer service
- Damage to clothing from animals, cages, chemicals, etc.

Volunteer is aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer’s participation with ARFSGC, whether such occurrence is at or away from the shelter. Volunteer agrees that ARFSGC and its Indemnitees shall not be held responsible or liable for any personal injury or other injury, including death; damage loss, or expense to Volunteer or his/her property, whether or not such injury, death, damage, loss or expense is caused by negligence of ARFSGC, any Indemnitee, or a third party.

Volunteer agrees on behalf of him/herself and Volunteer’s heirs, executors, and administrators to indemnify and hold harmless ARFSGC and each Indemnitee against any and all claims, including legal actions, suits, debts, claims, or liability of any kind arising out of or relating to Volunteer’s participation in ARFSGC activities, whether such participation occurs at or away from shelter.

Volunteer fully, completely, and unconditionally waives and releases each Indemnitee all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteer may have now or in the future against ARFSGC or any Indemnitee arising out of or relating to participation at the shelter or elsewhere in any volunteer capacity.

Volunteer represents and warrants that he/she is physically and mentally fit to safely work with animals and the public at the shelter or at any other place Volunteer chooses to participate in ARFSGC activities.

Should an accident occur whether at the shelter or at an ARFSGC sponsored event ARFSGC staff members will make every attempt to reach Emergency Contacts for medical authorizations.

Volunteer represents and warrants that he/she has the authority to enter into this Agreement.

All records, files, forms, applications, mail lists, passwords, security codes, correspondence, messages, or any other information (collectively referred to as "Information") belonging to ARFSGC and/or bearing its logo and/or name, are the sole property of ARFSGC. Volunteer acknowledges Volunteer Agreement and will not disseminate, use, publish or sell any Information without the written consent of the Board of Directors of ARFSGC.

If any provision of this Agreement is found to be unenforceable in any way, all other provisions of this Agreement shall remain in full force and effect.

By signing this application I am consenting to a criminal conviction inquiry through the Washington State Patrol's WATCH system. ARFSGC will keep any criminal conviction information it learns confidential and will only use this information for determining my eligibility to be a volunteer.

\_\_\_\_\_

*Volunteer signature*

*Date*

If Volunteer is under the age of 18 years this Application and Waiver must be signed by the Parent/Guardian of the Volunteer, or the Volunteer shall not be accepted as a Volunteer for ARFSGC.

\_\_\_\_\_

*Parent/Guardian Name*

\_\_\_\_\_

*Parent/Guardian Signature*

\_\_\_\_\_

*Date*

\_\_\_\_\_

*Parent/Guardian primary phone*

Application reviewed by ARFSGC: \_\_\_\_\_ Date: \_\_\_\_\_



## ARFSGC VOLUNTEER AGREEMENT

In signing this Agreement I understand and agree to the following:

I will treat all animals, people, property I come in contact with at/through ARFSGC with RESPECT. I will refrain from using profanity and conduct myself with COURTESY at all times.

When I am no longer able to volunteer, I will notify ARFSGC and return any ARFSGC materials or resources.

I agree to dress appropriately to the volunteer work I am engaging in.

I agree that it is my sole responsibility to ask for further instructions or clarification if there is a matter regarding my volunteer work which I do not understand, and to ask for assistance if I am not comfortable performing a task, or not able.

I agree to be supervised by the Volunteer Coordinator (VC) or a designated supervisor/trainer. If I feel that a communication problem exists between the VC or designated supervisor and me I will report the problem to another supervisor, Coordinator, or Board member as soon as possible.

I give ARFSGC the right and permission to use my name, likeness, and voice, together with my endorsement or testimonial (whether written or oral), in all types of advertising and promotion related to ARFSGC activities. This right and permission includes photographs, video recordings, audio recordings, and all other media in which my name, likeness, or voice may be reproduced.

ARFSGC will own any materials I prepare or make that are related to my job, whether or not made on my own time, or in a volunteer capacity. ARFSGC will also own any materials I prepare or make during work or donated volunteer hours, or using ARFSGC resources or facilities.

I understand that as a Volunteer I may gain access to information about ARFSGC customers, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

Volunteering at ARFSGC is at-will. Active volunteer status at ARFSGC may be terminated for any reason, with or without cause or notice, at any time by either the Volunteer or ARFSGC. I understand that if I have no reported hours for six (6) months, my active status will be terminated. To return as a volunteer after more than six (6) months, I may be asked to attend orientation again, before my active status is reinstated.

\_\_\_\_\_  
*Volunteer printed name*

\_\_\_\_\_  
*Volunteer signature*                      *Date*

If Volunteer is under the age of 18 years this agreement must be signed by the Parent/Guardian of the Volunteer, or the Volunteer shall not be accepted as a Volunteer for ARFSGC.

\_\_\_\_\_  
*Parent/Guardian Name*                      *Parent/Guardian Signature*                      *Date*