



Bay County Animal Services & Adoption Center

800 Livingston Street Bay City MI 48708

Phone: 989-894-0679 Fax: 989-894-0129

Manager: Olivia Shields

VOLUNTEER APPLICATION FORM

PLEASE PRINT CLEARLY

Last Name: _____, First Name: _____

Date of Birth: _____, Age: _____

Address: _____

City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

Email: _____

Have you ever been convicted of a felony? _____ if "Yes" explain: _____

Do you have a record of arrest or conviction of any animal cruelty charge? _____

Emergency contact:

Name: _____ Relationship: _____

Home phone: _____ Cell phone: _____

BAY COUNTY ANIMAL SERVICES
VOLUNTEER APPLICATION PROCESS

Due to the large number of community members interested in volunteering and the expense involved in screening applicants, only individuals who meet eligibility requirements will be considered. No applicant is guaranteed acceptance.

ELIGIBILITY:

- Must be at least 18 years of age
- Must attend an orientation meeting and a training meeting
- Must accept and follow shelter rules and procedures
- Able to communicate professionally with the public
- Able to regularly commit time to volunteering

I am interested in (check all that apply):

- Dog socialization / exercise
- Cat socialization / exercise Bathing / grooming animals
- Assist with off-site events
- Other, explain
-

Level of volunteer commitment:

- Drop in occasionally when able
- Short-term commitment, only between these dates _____ to _____
(snow birds, educators, etc...)
- Long term commitment, one year or greater

I am available to volunteer on the following days and times:

Mon. a.m. p.m. **Tues.** a.m. p.m. **Wed.** a.m. p.m.
Thurs. a.m. p.m. **Fri.** a.m. p.m. **Sat.** **Sun.**

I am able to attend orientation and training weekdays between 12p.m. and 6p.m.

- yes no

Have you done other volunteer work? yes no If yes, what type and for how long? _____

Why do you want to volunteer at Bay County Animal Services? _____

Your Name (please print): _____

Signature: _____

**YOUR SIGNATURE AUTHORIZES BAY COUNTY
TO CONDUCT A BACKGROUND CHECK**

Date: ____ / ____ / ____

Waiver of Liability

I, _____ do hereby release Bay County, Bay County Animal Services & Adoption Center(BCAS), its Officials, Agents, and employees of any and all liability which might be incurred as a result of volunteering my services at the BCAS, I will volunteer at my own risk. I will never institute any lawsuit or action at law or otherwise against the county nor institute, prosecute or in any way aid in the prosecution of any claim, demand action or cause of action for damages, cost, loss of service, expenses, or compensation for or on account of any damage, loss or injury either person or property , or both, whether developed or undeveloped, resulting or to result, known or unknown, which I have ever had, now have or which I or my heirs, hereafter can, shall or may have for, on or by reason of any matter, causes or actions or omissions whatsoever arising out of my volunteer work at the BCAS and on the County's property and premises from this day forward during my volunteer work at the BCAS and its premises. I expressly acknowledge that in performing work at the shelter, I may come in contact with animals that may otherwise bite, attack, or cause harm to my person or property while I am performing the voluntary work. I expressly understand that this release bars any and all claims against the BCAS arising out of such incidents.

I understand that BCAS does not carry or maintain health, medical, or disability insurance coverage for any BCAS volunteer. Each volunteer is expected and encouraged to obtain his or her own medical/health coverage.

AUTHORIZATION OF EMERGENCY MEDICAL TREATMENT

I authorize the BCAS to seek emergency medical treatment for me in case of an accident, injury, or illness and to hold BCAC harmless of such an event.

Signature _____

VOLUNTEER PERMISSION FOR MINOR(UNDER 18YRS)UNLESS YOU HAVE BEEN APPROVED IN THE VOLUNTEER COORDINATOR'S PROGRAM, YOU MUST BE ACCOMPANIED BY A PARENT WHEN VOLUNTEERING.

The following must be sign for volunteers under eighteen years of age by parent or legal guardian (Name)_____ has my permission to volunteer his/her services without compensation to the BCAS, County Officials, and County employees, to exercise precaution to avoid injury, I understand that they assume no financial or moral obligation for any injury, that may occur. If in my judgement the need arises, I will assume the responsibility for taking (myself/my child) to the family doctor. Further, I realize that (I/my child) must abide by the rules stated above.

I have retained a duplicate copy of this permission slip for possible reference.

Volunteer's/ Parent's signature