

Carteret County Humane Society
853 Hibbs Road, Newport, NC 28570

VOLUNTEER AGREEMENT & CONSENT FORM

Name _____

Address _____

Phone # _____ Email Address _____

I am interested in volunteering in the following areas:

- | | |
|---|---|
| <input type="checkbox"/> Adopt A thons | <input type="checkbox"/> Fundraising |
| <input type="checkbox"/> Dog Walking-Small Dogs | <input type="checkbox"/> General Afternoon Cleaning (2p.m-5p.m) |
| <input type="checkbox"/> Dog Walking-Large Dogs \$ t-shirt required Adult | <input type="checkbox"/> Local Vet Transport |
| <input type="checkbox"/> Dog Socialization (monitor dogs playtime) | <input type="checkbox"/> Long Distance Transport |
| <input type="checkbox"/> Cat Socialization | <input type="checkbox"/> Grooming |
| <input type="checkbox"/> General Morning Cleaning (8a.m-11a.m) | <input type="checkbox"/> Maintenance/Repairs |
| <input type="checkbox"/> Fundraising | <input type="checkbox"/> General Afternoon Cleaning (2p.m-5p.m) |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Foster |

I am volunteering for a Spay/Neuter Voucher (20 hours required)

I am volunteering for the fun and love of animals.

I am volunteering to help the Carteret County Humane Society (CCHS). I acknowledge and understand that my volunteer work could include handling or being near animals and using County property, equipment, vehicles, and facilities. This volunteer work could involve certain dangers and risks, including the risk of physical injury or serious bodily harm I understand that, as a public agency that houses homeless animals, the CCHS may not have any particular animal's medical or behavioral history and may not know whether any particular animal has received vaccinations, has any diseases (such as rabies, ringworm, etc.), or has any particular type of temperament or behavior pattern (such as the potential to bite).

I hereby acknowledge and voluntarily assume the risk of any physical injury, serious bodily harm, or property damage that may result from my volunteering, including those caused by any animal or by any County property, equipment, vehicle, or facility. I understand that the CCHS strongly recommends that I have current tetanus vaccinations and, if I have a suppressed immune system or other medical condition that I consult with a doctor before volunteering.

In consideration of this opportunity to volunteer at the CCHS, I agree to the following terms and conditions, intending to be legally bound by them:

1. I will abide with the mission, rules, regulations, policies and programs of the CCHS, as well as the terms of this Volunteer Agreement and Consent Form.
2. I hereby release and hold harmless, the Carteret County Humane Society from all liability as a result of accident or injury to my person or property in my possession, while performing services or duties for the CCHS as a paid employee, unpaid or paid volunteer, whether on CCHS property, leased, owned, donated or sublet to the CCHS. I further agree not to bring legal action, and instruct my heirs and assignees from action on my behalf or their behalf, in the event of accident, death or injury to myself or my property in the discharge of my duties with the CCHS.

3. I understand that the CCHS may refuse any volunteer application or bar any volunteer from further volunteering at any time and for any or no reason.
4. I have accurately and truthfully completed my application, this Volunteer Agreement and Consent Form, and other forms and paperwork provided by the CCHS or the County.
5. I understand that I must have at least one parent or guardian present with me at all times if I am less than 18 years of age.
6. I acknowledge that I have read and voluntarily signed this Volunteer Agreement and Consent Form in exchange for being allowed to volunteer at the CCHS. If I am a parent or guardian of a volunteer, I acknowledge that I have read and voluntarily signed this Volunteer Agreement and Consent Form on behalf of myself and the volunteer in exchange for being allowed to volunteer at the CCHS.

Dated: _____

Volunteer Signature

Print Volunteer Name

Parent/Guardian Signature

Print Parent/Guardian Name

PARENT/GUARDIAN signature required for volunteers less than 18 years of age

****I have been trained by a certified trainer and can walk dogs in the areas below. I understand that I may only walk dogs that I have been trained to walk.**

Volunteer Signature

Certified Trainer Signature

DATE