



Williamson County Regional Animal Shelter Volunteer Application

(Minimum age is 12. Volunteers aged 12 – 15 must be accompanied by a parent at all times. All volunteers must attend orientation.)

NAME: _____ DATE: _____

ADDRESS: _____ CITY: _____

EMAIL: _____ PHONE: _____

WHY DO YOU WANT TO VOLUNTEER AT THE WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER?

PLEASE DESCRIBE ANY PREVIOUS VOLUNTEER EXPERIENCE:

DO YOU HAVE ANY AFFILIATIONS WITH ANY OTHER ANIMAL SHELTERS OR ANIMAL GROUPS? IF YES, WHO?

DO YOU HAVE ANY SPECIAL SKILLS THAT COULD CONTRIBUTE TO YOUR VOLUNTEER ACTIVITIES
(EG: BILINGUAL, SIGN LANGUAGE, DATA ENTRY PROFICIENCY, GROOMING, VIDEOGRAPHY)?

LIST ANY LIMITATIONS ON WORKING WITH OR NEAR SPECIFIC TYPES OF ANIMALS:

PLEASE DESCRIBE ANY ANIMAL RELATED EXPERIENCE.

PLEASE DESCRIBE ANY EXPERIENCE WORKING WITH THE PUBLIC:

A SUCCESSFUL CRIMINAL HISTORY CHECK IS REQUIRED FOR PERSONS AGE 16 AND OLDER PRIOR TO VOLUNTEERING AT THE SHELTER. CRIMINAL HISTORY CHECKS WILL BE RUN AFTER THE INDIVIDUAL ATTENDS ORIENTATION. WE WILL NOTIFY YOU VIA EMAIL OF SATISFACTORY COMPLETION OF THE CRIMINAL HISTORY CHECK.

Initials _____ I understand my criminal history check must be acceptable before volunteering at the shelter. I understand I can attend orientation and 1:1 training before my background check is completed.

Initials _____ I understand that if accepted as a volunteer my email address may be shared with other volunteers for the purposes of volunteer related communications and event coordination.

Initials _____ I have read and understand the Williamson County Regional Animal Shelter Volunteer Policy Handbook (found at wilcopets.org). I agree to abide by these policies. I understand that my volunteer service can be terminated by WCRAS staff at any time, with or without notice.

Initials _____ During my volunteer activities with WCRAS, I understand that my photo may be taken at various events and projects. By initialing, I also hereby grant WCRAS permission to use my likeness in photograph(s) and/or video(s) in any and all of its publications or on the internet, whether now known or hereafter existing. I will make no monetary or other claim against WCRAS for the use of the photograph(s) and/or video(s).

Signature or Parent's (if under 18) _____ Date _____

VOLUNTEER POSITION(S) OF INTEREST: *Please check your areas of interest.*

Cat Volunteers	Dog Volunteers	Development Volunteers	Operational Volunteers
___ socializing with cats	___ walking dogs	___ help with videography	___ help with offsite events
___ helping potential adopters	___ helping potential adopters	___ lead group volunteer days	___ help organize and collect donations
___ cleaning kennels	___ helping dog staff with various projects	___ help with event planning and/or execution	___ help with laundry and cleaning
___ grooming	___ bathing and grooming	___ fundraising	___ surgery assistant (prep and cleaning, requires a 6 month commitment)
___ helping cat staff with various projects	___ positive reinforcement training	___ table at local events	___ data entry on surgery days
	___ help with play groups	___ give tours at the shelter	___ assist with animal check in on surgery days
	___ cleaning kennels	___ help with social media	

Name: _____ **Email:** _____

LIABILITY WAIVER

I, THE INDIVIDUAL NAMED HEREIN BELOW, ACKNOWLEDGE AND UNDERSTAND THAT WORKING WITH ANIMALS MAY BE DANGEROUS AND CAN LEAD TO SERIOUS INJURY OR EVEN DEATH. FURTHERMORE, I UNDERSTAND AND AGREE TO PERSONALLY ASSUME ANY AND ALL LIABILITY AND RISKS OF VOLUNTEERING AT THE WILLIAMSON COUNTY REGIONAL ANIMAL SHELTER (HEREINAFTER REFERRED TO AS THE "SHELTER"). IN CONSIDERATION OF WILLIAMSON COUNTY'S AGREEMENT TO ALLOW ME TO PARTICIPATE IN ITS VOLUNTEER PROGRAM AT THE SHELTER, I AGREE TO **INDEMNIFY AND HOLD HARMLESS** WILLIAMSON COUNTY, ITS OFFICIALS, AGENTS, REPRESENTATIVES, EMPLOYEES, OFFICERS, AND REPRESENTATIVES FROM EVERY PENALTY, CAUSE OF ACTION, CLAIM, LOSS, COST, DAMAGE, REASONABLE ATTORNEY'S FEES, LIEN AND/OR EXPENSE ARISING OUT OF OR RESULTING FROM MY PERFORMANCE OF VOLUNTEER WORK AT THE SHELTER, VOLUNTEER WORK PERFORMED OFF-SITE FOR THE SHELTER, OR FOR ANY FAILURE OF OBSERVANCE OF ANY RULES, REGULATIONS OR POLICIES OF THE SHELTER OR WILLIAMSON COUNTY. WILLIAMSON COUNTY SHALL NOT BE LIABLE FOR DAMAGES TO ME ARISING FROM ANY ACT OF ANY THIRD PARTY OR ANIMAL. I FURTHER AGREE TO **INDEMNIFY AND SAVE HARMLESS** WILLIAMSON COUNTY FROM AND AGAINST ALL CLAIMS OF WHATEVER NATURE ARISING FROM ANY OF MY FUTURE NEGLIGENT ACTS, OMISSIONS, OR NEGLIGENCE, OR ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE WHATSOEVER CAUSED TO ANY PERSON, ANIMAL OR TO THE PROPERTY OF ANY PERSON OCCURRING WHILE I AM PROVIDING VOLUNTEER WORK TO WILLIAMSON COUNTY, OR ARISING FROM ANY ACCIDENT, INJURY, OR DAMAGE OCCURRING ON WILLIAMSON COUNTY'S PREMISES; PROVIDED, HOWEVER, I ACKNOWLEDGE THAT I SHALL NOT BE RESPONSIBLE FOR THE NEGLIGENCE OF WILLIAMSON COUNTY.

I understand and agree that as a volunteer, I am not an employee of Williamson County, and I am not entitled to any compensation or benefits of any kind, except as otherwise required by law. By signing below, I hereby agree that I will not object to or challenge the protocols and procedures outlined by the Director of the Williamson County Regional Animal Shelter. This includes, but is not limited to: not entering unauthorized areas, not touching animals that are in unauthorized areas due to the risk of transmitting contagious disease to other animals, not bringing cameras on the premises unless directly asked to by the Director, not representing yourself as an employee of the Shelter and not leaving any doors unlocked at any time. Violation of any of these guidelines is grounds for immediate removal from the premises and termination of all future volunteer opportunities with the Williamson County Regional Animal Shelter.

NOTICE: This is an animal shelter. Animals can be unpredictable. Please do not handle animals without proper training or staff assistance. By your presence on these grounds, you have indicated that you accept the limits of liability from inherent risks of animal behaviors.

Printed Name: _____ Signature: _____

Date _____ Age _____ (If under 18 years old)

Signature of Parent (if under 18) _____ Date _____

Please note that your acceptance into, and continued participation in, the volunteer program is, among other things, dependent on your attitude towards volunteer work, your comfort level working with animals, your attitude toward animal shelters and our specific activities, and whether we have positions available.