



## VOLUNTEER APPLICATION

Clatsop County, Oregon  
800 Exchange St., Suite 410, Astoria, Oregon 97103 (503) 325-1000

Thank you for your interest in volunteering with Clatsop County. Volunteers must be at least 16 years old. Please take a few moments to provide the following information:

Please Print:

Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

Home or Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Date of Last Tetanus Shot: \_\_\_\_\_

Day Phone: \_\_\_\_\_ Evening Phone: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_ Driver's license # and state: \_\_\_\_\_

Please check the volunteer jobs that interest you:

Animal Care \_\_\_\_\_ Cat Socializing \_\_\_\_\_ Dog Walking \_\_\_\_\_ Matchmaker \_\_\_\_\_ Foster Care \_\_\_\_\_ Grooming \_\_\_\_\_ Admin. \_\_\_\_\_  
Transport \_\_\_\_\_ Special Events/Projects \_\_\_\_\_ Maint./Grounds \_\_\_\_\_

Why are you interested in volunteering?  
\_\_\_\_\_

Please briefly describe your pertinent experience, training or skills. (Having no previous experience or training will not disqualify you for volunteering.)  
\_\_\_\_\_

Previous volunteer experience:  
\_\_\_\_\_

Please check your times of availability: Weekdays AM \_\_\_\_\_ Weekdays PM \_\_\_\_\_ Saturday AM \_\_\_\_\_ Saturday PM \_\_\_\_\_  
Mon. \_\_\_\_\_ Tues. \_\_\_\_\_ Wed. \_\_\_\_\_ Thurs. \_\_\_\_\_ Fri. \_\_\_\_\_

List the maximum hours per week you are willing to volunteer: \_\_\_\_\_

Most volunteer work requires a commitment of time. Please tell us for how long you would be available.

Please choose a timeframe:  1-3 months  6-12 months  One year plus  Special project/event

Will your volunteerism fulfill any of the following obligations?: Community Service Work-study Job Training

Are you currently volunteering with the county in any other capacity? \_\_\_\_\_

Do you have any relatives working or volunteering with the county? \_\_\_\_\_

Please list any accommodations you would require or any limitations we should be aware: \_\_\_\_\_

**Please be advised that if you volunteer to work with or around children a background investigation may be required prior to your application being approved.**

My signature below affirms that all information is true and correct to the best of my knowledge and that I understand any misstatement of fact or misrepresentation of credentials may result in this application being disqualified from further consideration or, subsequent to my acceptance as a volunteer with the county, may result in my dismissal. Information you provide on this application may become part of the public record.

Volunteer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### OFFICE USE ONLY:

Application:  Accepted  Denied Reason: \_\_\_\_\_

Department Placed: \_\_\_\_\_ Start date: \_\_\_\_\_ End Date: \_\_\_\_\_

FORWARD COPY TO HUMAN RESOURCES.

November 20, 2009

## **The Clatsop County Animal Shelter Waiver, Release, and Indemnification Agreement**

This agreement is entered into with Clatsop County jointly by the undersigned \_\_\_\_\_ (print your name), in order to permit the Volunteer to participate in the Volunteer program. This Agreement is for the benefit of CCAS and each of its staff members, employees, officers, directors, agents, and representatives (known individually as an "Indemnitee" and collectively as "Indemnitees").

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

- Bites or scratches from dogs, cats, rabbits, rodents, and birds
- 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
- Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.
- Water or cleaners sprayed in eyes
- Injuries resulting from cage doors, equipment, etc.
- Flea/tick bites or ring worm infestation
- Internal or external parasites
- Zoonotic illnesses (human illness contracted from animals)
- Animal illness exposure to animals at home
- Injuries related to lifting animals, food, litter, or equipment
- Injuries caused from grooming equipment-such as clipper blades, shears, driers
- Exposure to cleaners, latex gloves, bleach, parasite control products
- Exposure to or incidents relating to the public (outbursts, inappropriate contact)
- Exposure to or incidents relating to the volunteers (outbursts, inappropriate contact)
- Loss of personal property
- Any type of damage to car while parked on CCAS grounds
- Damage to clothing from animals, cages, chemicals, etc.

Volunteers are aware that injuries, loss of or damage to personal property, and death may occur as a result of Volunteer's participation at the shelter. Volunteers agree that Clatsop County and 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 Clatsop County, any Indemnitee, or a third party.

Volunteers and their heirs, executors, and administrators agree to hold harmless each Indemnitee against any and all manner of legal actions, such as suits, debts, claims, or liability of any kind incurred while the Volunteer participates at the shelter.

Volunteers fully, completely, and unconditionally waive and release each Indemnitee from all rights, liabilities, duties, claims, charges, demands, actions, damages, costs, attorney fees, or expenses of any kind that Volunteers may have now or in the future against Clatsop County or any Indemnitee relating to participation at the shelter.

Volunteers represent and warrant that he/she is physically and mentally fit to safely work with animals and public at the shelter. Should an accident or other medical emergency occur while

participating at the shelter or while Volunteer is en route to or from Clatsop County Animal Shelter-sponsored events and CCAS staff members are unable to timely reach Emergency Contacts for medical authorizations, then Volunteer hereby gives consent for CCAS staff members to authorize medical treatment.

Volunteer represents and warrants that Volunteer has current medical insurance coverage and agrees to be responsible for any and all billings and debts incurred with respect to such medical treatment or services.

Volunteers represent and warrant that each of them has the authority to enter into this agreement.

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

Volunteer: \_\_\_\_\_ Date: \_\_\_\_\_  
(Signature)

Parent Signature if volunteer is under 18: \_\_\_\_\_  
(Signature)

Daytime telephone number(s): \_\_\_\_\_

Evening telephone number(s): \_\_\_\_\_

Emergency contact/number: \_\_\_\_\_

**Medical Information:**

\_\_\_\_\_  
(Name of insurer)

\_\_\_\_\_  
(Policy Number)

\_\_\_\_\_  
(Insurer's telephone number)

\_\_\_\_\_  
(Physician's name)

\_\_\_\_\_  
(Physician's telephone number)

## Clatsop County Animal Shelter Volunteer Agreement

In signing this agreement, I understand and agree to the following:

I will treat all animals, people, and property I come in contact with at Clatsop County Animal Shelter with respect. I will refrain from using profanity and conduct myself with courtesy at all times.

I will be on time for my scheduled shift. I will sign in and sign out for my shift at the Volunteer Station and report via email or phone any additional time I spend for CCAS-related activities offsite.

I agree to commit to volunteering a minimum of 12 hours per month for the first three (3) months, then strive to continue to reach 8 hours monthly after that. When I am no longer able to volunteer at the shelter, I will contact the volunteer coordinator.

I will wear a Clatsop County Animal Shelter apron while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks.** Because each volunteer is a representative of CCAS in the eyes of the public, we ask that volunteers have no visible tattoos of an offensive nature. For safety reasons, we ask that volunteers cover or refrain from wearing visible body piercings, except for ears.

I agree to be supervised by the Volunteer Coordinator or a designated staff person. If I feel that a communication problem exists between paid staff and myself, I will report the problem to the Volunteer Coordinator as soon as possible.

I give permission to the Clatsop County Animal Shelter to use photographs or video footage of my volunteer activities.

I understand that as a volunteer I may gain access to information about CCAS, 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 Clatsop County Animal Shelter is at-will. Active volunteer status at CCAS may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or CCAS. I understand that if I have no reported hours for six (6) months, my active status as a volunteer will be removed.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name

\_\_\_\_\_  
Parent/Guardian Signature (if under 18 years)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Parent/Guardian name

## Clatsop County Animal Shelter Youth Transportation Contract

The safety of the youth participating in programs at the Clatsop County Animal Shelter is a priority for all of us here at the shelter. Please read and understand the following **measures may be taken at our discretion**, if necessary, to ensure your child is not left at our facility unattended.

I, the undersigned parent or guardian of \_\_\_\_\_, agree to pick up my child **on time and/ or no later than 15 minutes after the end time of the appointment at the Clatsop County Animal Shelter**. If I am later than this time, I understand that the Animal Shelter may contact 3 emergency numbers that I have authorized.

In extreme cases, the animal shelter reserves the right to use our discretion and contact the appropriate authorities and/or the police if we have no other option. I understand if the Clatsop County Animal Shelter has to perform these actions in order to safely remove my child from the premises, said child may lose the privilege to volunteer at the Clatsop County Animal Shelter.

Signed \_\_\_\_\_

Printed Name:

Date:

Relationship to Minor:

### Emergency Contacts

1. Full Name:

Relationship:

Cell Phone:

Work Phone:

Home Phone:

Pager:

2. Full Name:

Relationship:

Cell Phone:

Work Phone:

Home Phone:

Pager:

3. Full Name:

Relationship:

Cell Phone:

Work Phone:

Home Phone:

Pager:

**Emergency Transport Address:**

**Emergency e-mail:**