



Volunteer Application

Last Name _____ **First Name** _____

Address _____

Day Phone _____ Evening Phone _____

E-mail _____ Date of Birth _____

Emergency Contact

Name _____ Phone _____

Relationship: _____

Education & Work Experience (Circle last year completed)

High School 1 2 3 4 College 1 2 3 4 Graduate 1 2 3 4

Degree or Area of Study: _____

Occupation and Employer: _____

Have you volunteered or worked at any other animal shelter? No Yes

Where & When _____

Do you have experience working with animals? No Yes – please describe:

Please list any skills/talents that you feel could be useful to ICAC:

Do you have a valid Michigan driver's license? No Yes

Have you ever been convicted of a crime? No Yes – please explain

Volunteer Opportunities

Please place a check-mark next to all tasks that you are interested in.

Correspondence: assist shelter staff in writing thank you letters, stuffing envelopes, placing stickers on fliers, etc. Good for volunteers who do not have the availability to spend a lot of time at the shelter but are willing to commit to dropping off & picking up materials at least once per week.

Greeter/Office Assistant: greet visitors with a friendly smile, direct them to the appropriate form or hand-out, and assist clerks with filing and other general tasks.

In-Shelter Animal Assistant: provide well-being for our animals by walking dogs, socializing cats, grooming both cats/dogs, cleaning cages and litter boxes, and making sure all animals have adequate food and water. Also assist staff by sweeping, mopping, doing dishes and laundry and other cleaning tasks.

Transporter: help us transport our animals to and from vet visits, mobile adoption sites, and help with collecting fundraiser items. Transporters may need to use their own vehicle (a shelter van is also available). *Requires valid driver's license

Mobile/Special Events: help with mobile adoption events and other special events. Tasks will vary but may include greeting guests, handling animals, and clerical work.

Mobile Adoption Counselor: screen potential adopters and fill out necessary adoption paperwork. *Requires additional training.

Medically Trained Volunteer (MTV): assist staff in administering medications, conduct exit physical exams, and other duties. *Requires 1 year of prior volunteer service with regular shelter attendance, a commitment of 4 hours per week, approval of volunteer coordinator and additional training.

Wednesday Dog Walking Club: provide additional exercise to dogs by walking them off shelter property. The group leaves at 6 PM on Wednesday and walks along a set path for approximately one hour. * Must be 18 years of age ** If you sign up for this, you will receive a weekly email and you must respond to that email to sign up to attend that week

Terms and Conditions

Please initial:

_____ I grant ICAC permission to use, without cost, any photographs, video or audio taken of me during my volunteer services.

_____ I agree to familiarize myself and fully comply with ICAC policies and procedures. I will seek clarification from the volunteer coordinator or ICAC staff member when needed.

_____ I agree to maintain the confidentiality of protected information that I may be exposed to as part of my volunteer experience particularly personal and identifying information.

_____ I understand that my services are provided on strictly a volunteer basis without compensation, salary, employee benefits or payment of any kind.

_____ I understand that ICAC may terminate my services as a volunteer at any time, with or without reason.

_____ I will always treat shelter animals with compassion and will never strike or handle an animal in such a way that it would be construed as rough or abusive.

_____ ICAC handles large numbers of animals on a daily basis and the temperament of these animals is often unknown. I agree to hold ICAC harmless for any injury(s) which I might sustain from handling animals during the course of my volunteer duties.

_____ I fully understand and agree to assume all risks involved in any and all duties that I perform for ICAC during volunteering.

_____ I agree to follow all ICAC rules and regulations pertaining to my volunteer service

Release

By signing below I certify that my answers are true and complete to the best of my knowledge and that I have read, understand and agree to comply with the Terms and Conditions above. By signing below, I also hereby release, indemnify, and hold harmless Ingham County Animal Control Shelter; its Director, employees, successor, legal representatives, sponsors and Board of Commissioners of all its activities, from any and all claims, cause of action, and liability arising from or in any way connected with my volunteer participation. Volunteers under 18 years must have a parent signature. Volunteers must be 16 years or older to volunteer without a parent.

Date **Signature of Volunteer** **Printed Name**

Date **Signature of Legal Guardian (if volunteer is under 18 yrs of age)** **Printed Name**

Office Use Only
Date volunteer orientation completed: