ACAS/FOTAS VOLUNTEER APPLICATION

OFFICE USE:

\_\_\_\_\_\_\_FOTAS call

\_\_\_\_\_\_\_date of orientation/DWGFV

\_\_\_\_\_\_\_ attended orientation/DWGFV

 

333 WIRE ROAD, AIKEN, SC 29803 (803) 642.1537

Name: Birthdate:

Street Address:

City: State: Zip Code:

Email: Home Phone:

Cell Phone: Employer/Work Phone:

Emergency Contact: Relationship:

Emergency Contact Address and Phone:

I AM INTERESTED IN VOLUNTEERING WITH THE ACAS/FOTAS TO (CHECK ALL THAT APPLY):

* Walking and socializing dogs
* Grooming dogs
* Socializing cats
* Front Desk Reception
	+ Answer phones, assemble adoption folders, update Lost and Found binder, make Post-Adoption calls
* Front Desk Pre-Adoption counseling/Match Making
	+ Introduce public to animals, answer questions regarding animal’s behavior, begin adoption paperwork
* Publicity: Aiken Standard, Petfinder.com, Petango.com
* Social Media
* Foster Parents for dogs \_\_\_\_\_ Short Term (3-5 days) \_\_\_\_\_ Long Term (2 weeks or more)
	+ Requires a separate application and inspection from Aiken County Animal Code Enforcement
* Transfer assistance: driving FOTAS van to rescues within SC
	+ Requires a separate defensive driving certification course at the Aiken County Government Center
* Assist with off-site Adoption Events
* Special Events
* Landscaping
* Fundraising

PLEASE INDICATE TIMES YOU ARE AVAILABLE TO WORK:

M T W TH F SAT

 9AM-12PM 1PM-4:30PM 10AM-12:30PM

ACAS/FOTAS VOLUNTEER AGREEMENT

The Aiken County Animal Shelter (ACAS) policies and procedures have been established as to operate in a humane, safe, and efficient manner. I agree to abide by all ACAS administrative policies and procedures, as described in written materials or oral briefings provided by the ACAS and Friends of the Animal Shelter-Aiken (FOTAS), while volunteering. I understand that my status as a volunteer is contingent upon meeting the guidelines set forth below:

* My primary customers are the animals at the ACAS. Their well-being and humane treatment are foremost in the performance of all ACAS/FOTAS volunteer activities.
* I will comply with all ACAS health, safety, and animal care policies, procedures, and practices, as described in written materials or oral briefings provided by the ACAS /FOTAS, at all times while performing as a FOTAS volunteer and must follow all directions of the ACAS Staff.
* I will not engage in unsafe, illegal or unethical activities while serving as an ACAS/FOTAS volunteer.
* All ACAS/FOTAS volunteers ages 10-17 must have a parent or guardian directly supervising them.
* Children below the age of 10 may not participate in the ACAS/FOTAS volunteer program.

The above conditions have been reviewed with me and I understand that failing to uphold them is sufficient grounds for dismissal from the ACAS/FOTAS volunteer program. I further understand and agree that the ACAS has a right to remove me from the ACAS/FOTAS volunteer program at any time for any reason or for no reason.

PRINTED NAME: SIGNATURE:

ACAS/FOTAS REPRESENTATIVE: DATE:

ACAS/FOTAS LIABILITY RELEASE WAIVER

1. I recognize that in handling animals at the ACAS/FOTAS while performing my services in a voluntary capacity, exists a risk of injury including physical harm to myself and others. On behalf of myself, my heirs, and personal representatives, I hereby release, discharge, indemnify, and hold harmless Aiken County, ACAS, FOTAS, and their agents, servants, and employees from any and all claims, causes of action or demands of any nature or cause connected with my volunteer service. This might include costs, attorney’s fees, and court costs incurred by Aiken County, ACAS, and FOTAS in connection with my volunteer services based on damages or injuries which may be incurred or sustained by me in some way. Such demands or injuries might include, but are not limited to, animal bites, animal scratches, accidents, injuries, or personal property damage.
2. I also agree to release, discharge, indemnify and hold Aiken County, ACAS, FOTAS, and their agents harmless for any and all damages to my personal property while performing services to the ACAS/FOTAS as a volunteer.
3. If I am signing this release waiver as a parent or legal guardian of a minor ACAS/FOTAS volunteer, I hereby give my consent to allow my child/ward to volunteer services for the ACAS.
	1. I understand that no ACAS/FOTAS volunteer is covered by Aiken County’s Worker’s Compensation or Liability Policy. I agree to hold Aiken County, ACAS, FOTAS, and their agents harmless for any claim, loss or damage incurred by such child/ward.

I acknowledge that I have read and fully understand the terms and conditions of the foregoing liability release waiver.

PRINTED NAME: SIGNATURE:

ACAS/FOTAS REPRESENTATIVE: DATE: