

Seminole County Animal Services Volunteer Program Application

Last Name: _____ First Name: _____

Address: _____

City: _____ State: _____ County: _____ Zip: _____

Phone Number: _____ E-Mail: _____

Experience

Do you have any special training, knowledge, and/or resources that may be helpful as a volunteer?

Do you have any recent volunteer experience? If so, please list when and where.

What is your goal as a volunteer?

Please check the times you are available to work as a volunteer:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Morning							
Afternoon							
Evening							

Volunteer Preferences

As a Seminole County Animal Services volunteer, you may be given a specific assignment, a special project, or both. While we have needs for volunteers in many areas, we attempt to place you where your skills will be best utilized. Please note, that certain tasks may require training before occurring.

- | | |
|--|--|
| <ul style="list-style-type: none"> <input type="checkbox"/> Office Work <input type="checkbox"/> Greeter <input type="checkbox"/> Adoption Support <input type="checkbox"/> Playgroup Support <input type="checkbox"/> Grooming Support/ Bathing <input type="checkbox"/> Vet Team Support | <ul style="list-style-type: none"> <input type="checkbox"/> Cleaning <input type="checkbox"/> Dog Walker <input type="checkbox"/> Foster Family <input type="checkbox"/> Cat Caretaker <input type="checkbox"/> Special Events <input type="checkbox"/> Other (Please Specify) |
|--|--|

Emergency Contacts

Emergency Contact Name: _____

Phone Number: _____ Alternate Phone Number: _____

Emergency Contact Name: _____

Phone Number: _____ Alternate Phone Number: _____

I certify that the statements made by me on this application are true and complete to the best of my knowledge and are made in good faith. I understand that I am a volunteer and that position in no way implies that I have or will have employment with Seminole County Animal Services. I agree to abide by the rules in the volunteer handbook and stated by the volunteer coordinator and shelter staff. Not doing so can result in my termination from the volunteer program.

I understand that that Seminole County Animal Services is a county-run facility and the number of animals taken in here is great. I understand that euthanasia is performed at this facility on an as-needed basis, and I will not interfere with that process.

Signature: _____

Print Name: _____ Date: _____

**HOLD HARMLESS AND INDEMNIFICATION AGREEMENT
SEMINOLE COUNTY ANIMAL SERVICES DIVISION VOLUNTEER PROGRAM**

I, _____, wish to participate in Seminole County Animal Services Division Volunteer Program. I understand that I will be performing such services in the Program as answering telephones, completing paperwork, researching records, lifting and demonstrating the use of 14 pound animal traps, escorting Animal Services customers through kennels, holding animals during photo sessions, participating in animal obedience training, grooming, bathing and nail trims, turning animals out for exercise and other related services for the Division. I recognize that in handling animals and performing other volunteer tasks as described above there exists a risk of injury, including personal harm, to me. I am agreeing to perform these services for the experience and self-satisfaction I will gain from the public service. I understand that I will not be considered a County employee for any purposes nor will I be eligible for any benefits of County employment by reason of my volunteer services.

I understand and accept that my position as a volunteer worker in the Animal Services Division Volunteer Program is contingent upon my compliances with all of the rules and regulations which may be established from time to time by the Animal Services Division and I further understand that my failure to comply with those rules and regulations may result in my immediate termination as a volunteer.

I hereby declare and certify that I am over the age of eighteen (18) years and have no health problems that would endanger me in the performance of volunteer duties with the Animal Services Division.

In consideration of Seminole County's permission for my participation in this Program I do hereby release and discharge Seminole County, its agents, officers and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, including, but not by way of limitation, all liability for property damages and personal injury of every kind, nature or description, including animal bites or damage or injury caused by animals, arising or which may hereafter arise from my participation in the Program or my presence on County sites as a part of said Program.

I hereby indemnify and hold harmless Seminole County from any and all claims, demands and causes of action of every kind and nature arising out of my participation in the Seminole County Animal Services Division Volunteer Program or out of my presence on County sites as part of said Program.

DATED this _____ day of _____, 20_____.

Witness

Print Name

Witness

Print Name

Signature

Print Name

Address

City State Zip

Telephone

SEMINOLE COUNTY MEDIA CONSENT, WAIVER AND RELEASE

I, _____, do hereby consent, authorize and grant permission to Seminole County, its agents, employees and duly authorized agents, including SGTV, to copyright, publish and otherwise use images of me and/or recordings of my voice in all print or electronic media and further consent to the publication, circulation dissemination and broadcast of said images and/or recordings or any duplication or facsimile thereof for any exhibition, public display, publication, commercial, art or advertising purpose without limitation or reservation or for any other purpose the County may deem proper.

In granting such permission, I hereby relinquish and give to Seminole County all right, title and interest I may have in the print or electronic media transmission of my image and/or voice recording, including but not limited to, motion picture, video tapes, DVDs, photographs, negatives, brochures, reproductions and web sites in which Seminole County uses my image and/or voice recording. Further, I waive any and all right to approve the use of my image and/or voice recording by Seminole County or to receive compensation for the use of said image and/or voice recording.

I hereby declare and certify that I am over the age of eighteen (18) years and am aware of inherent problems that may arise from use of my image and/or voice recording in print and electronic media.

I do hereby release and discharge Seminole County, its agents, officers and employees from any and all claims, demands, grievances, and causes of action of every kind whatsoever, arising or which may hereafter arise from its use of my image and/or voice recording in print or electronic media.

DATED this _____ day of _____, 20_____.

Witness

Print Name

Witness

Print Name

Signature

Print Name

Address

City State Zip

Telephone