

# 2018 PARMA ANIMAL SHELTER ADULT VOLUNTEER APPLICATION

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**Volunteers must be 18 years old.**

**We are looking for a commitment of one shift per week for the same day and time each week. A shift is a minimum of two hours. The Parma Animal Shelter cannot accommodate court-ordered or community service hours.**

PRINT NAME \_\_\_\_\_ DATE OF BIRTH \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

BEST PHONE NUMBER TO CONTACT YOU \_\_\_\_\_

BEST TIME TO CONTACT YOU \_\_\_\_\_

EMAIL \_\_\_\_\_ @ \_\_\_\_\_

Circle one: Working Full-time Working Part-Time Retired College Student Other \_\_\_\_\_

Check one or more areas you would like to work:

DOGS \_\_\_\_\_ includes dog walking, cleaning, sanitizing, feeding CATS \_\_\_\_\_ includes feeding, cleaning and sanitizing

HUMANE EDUCATION (Offsite Events as needed) \_\_\_\_\_ FOSTER \_\_\_\_\_ HANDYMAN \_\_\_\_\_ YARDWORK \_\_\_\_\_

FUNDRAISING \_\_\_\_\_ CAN RECYCLING \_\_\_\_\_ LAUNDRY \_\_\_\_\_ PHONES \_\_\_\_\_ GRANT WRITING \_\_\_\_\_

E-MARKETING Constant Contact \_\_\_\_\_ SOCIAL MEDIA circle one(s): Facebook Twitter LinkedIn Pinterest

Shifts are daily, in the morning and late afternoon between 8 am-noon and 4-7 pm.

What day(s) and shift(s) would you be available? \_\_\_\_\_

Are you willing to be on our "on-call" list? Yes / No

Please list your skills \_\_\_\_\_

Have you worked as a volunteer before? Yes / No

If yes, where? \_\_\_\_\_

Do you have any allergies? Yes / No If yes, what type? \_\_\_\_\_

Emergency Contact \_\_\_\_\_ Relationship \_\_\_\_\_

Phone Number \_\_\_\_\_

How did you hear about us? Circle: From Volunteer Website Friend Visiting/Adopting Other \_\_\_\_\_

After a 90 day probation period and approval by the Board of Trustees, a volunteer will become a member of P.A.S., Inc. with the right to vote, join our Closed Facebook and receive membership e-mails if applicable. Correspondence will also be posted on the bulletin board in the shelter.

**Do not write below this line. For Shelter purposes only.**

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DOGS \_\_\_\_\_ CATS \_\_\_\_\_ Other \_\_\_\_\_ SHIFT \_\_\_\_\_ First Shift \_\_\_\_\_

Start date \_\_\_\_\_ Approved Membership \_\_\_\_\_ Follow-up \_\_\_\_\_

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## VOLUNTEER WAIVER/RELEASE FORM

In consideration of being offered the opportunity to participate in PAS programs and activities as a volunteer, I \_\_\_\_\_, agree as follows:

1. **I will follow the rules.** I will abide by all policies, procedures and instructions as adopted by PAS or described to me by its agents, with the understanding that these rules may change from time to time.
2. **I authorize emergency treatment.** I give PAS permission, in its discretion, to call the police, fire/rescue, or emergency medical services and to transport me to any hospital or medical center in the event of a medical emergency. I accept full financial responsibility for such emergency transport and treatment rendered.
3. **I will make no public statements or contracts.** I understand that I have no authority to make public statements on PAS's behalf, to enter into contracts for PAS, or to otherwise obligate PAS in any way.
4. **I am not an animal cruelty or other violent offender.** I certify that I have never been charged with or convicted of any offense related to the cruelty, abuse, neglect or abandonment of animals, or any other violent or sexual criminal offense.
5. **I can be terminated.** I understand that PAS may terminate me at any time, with or without cause. Upon termination, or upon my voluntary resignation, I will immediately return all animals, equipment, records and other property owned by PAS.
6. **I will keep information confidential.** I will not disclose any information relating to the operation of PAS, its business or financial condition, including but not limited to its policies, financial or business records, donor lists, personnel documents, or intellectual property. This restriction shall apply even after I am no longer acting as a volunteer for PAS.
7. **My image may be used.** I support PAS's mission, therefore I irrevocably grant permission to PAS to use for art, promotion, advertising, trade, or any similar lawful purpose, any photograph, video, sound recordings or quote taken of or made by me relating to my volunteer activities with the organization without prior review, reimbursement, or compensation of any kind.
8. **I accept the risks.** On behalf of myself and my heirs, assigns, executors and administrators, I hold harmless and indemnify PAS, its directors, officers, agents, volunteers and employees, from any and all losses, claims, actions or proceedings of every kind and character, including claims for negligence and for damages of any kind, including damage to property, personal injury or death to me or to third parties which may arise directly or indirectly from my presence at properties controlled or used by PAS, my handling or being in the vicinity of animals, or my participation in any volunteer activities. PAS encourages all volunteers to maintain their own medical, property and life insurance coverage while serving as a volunteer, as all costs for injury or loss are my personal responsibility.
9. **Reimbursement policy.** I will *only* be entitled to reimbursement for out-of-pocket expenses when I have previous written permission from authorized officers of PAS and can provide receipts as proof for each expenditure.
10. **Remedies.** PAS may bring an action at law or in equity in a court of competent jurisdiction to enforce the terms of this Agreement, to enjoin the violation, *ex parte* as necessary, by temporary or permanent injunction, to recover any damages to which it may be entitled for violation of the terms of this Agreement. PAS's rights under this paragraph apply equally in the event of either actual or threatened violations of the terms of this Agreement. I agree that PAS's remedies at law for any violation of the terms of this Agreement are inadequate and that PAS shall be entitled to the injunctive relief described in this paragraph, in addition to such other relief to which PAS may be entitled, including specific performance, without the necessity of proving either actual damages or the inadequacy of otherwise available legal remedies.
11. **Binding Agreement.** This Agreement constitutes the entire understanding between the parties. This Agreement shall be construed according to Ohio law, and shall be enforced by the proper court with jurisdiction over Parma, Cuyahoga County, Ohio. This Agreement may not be amended or modified without a writing signed by all parties.

**THE UNDERSIGNED HAS READ, UNDERSTANDS, AND VOLUNTARILY AGREES WITH THE ABOVE TERMS.**

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

\_\_\_\_\_  
Date