



Adult Volunteer Application

**Youth and children under the age of 18, please use the Youth Volunteer Application Form. Adults, please complete and submit this application to the Animal Control Division Manager.*

Date of Application: _____

18 years old+? Yes No*

YOUR CONTACT INFORMATION

First and Last Name: _____

Address: _____

Phone: _____ E-mail Address: _____

Emergency Contact Name: _____ Relationship: _____

Emergency Contact Phone: _____

YOUR VOLUNTEER INTERESTS

1. Why would you like to volunteer with us? Check as many as apply.

- | | |
|---|---|
| <input type="checkbox"/> Love animals | <input type="checkbox"/> Help my community |
| <input type="checkbox"/> School/Club/Work service requirement | <input type="checkbox"/> To use/grow job-related skills |
| <input type="checkbox"/> Other: _____ | |

2. What kind of experience do you have with animals? (previous experience not required)

3. Please list any skills, talents, or experience that you would like to use:

4. Please check all aspects of volunteering that interest you:

- | | | |
|--|--|--|
| <input type="checkbox"/> Grooming/Bathing Dogs | <input type="checkbox"/> Transporting Dogs/Cats | <input type="checkbox"/> Walking/Playing with Dogs |
| <input type="checkbox"/> Socializing/Playing with Cats | <input type="checkbox"/> Mobile Adoptions | <input type="checkbox"/> Laundry/Cleaning |
| <input type="checkbox"/> Fostering Cats | <input type="checkbox"/> Fostering Dogs | <input type="checkbox"/> Humane Education |
| <input type="checkbox"/> Photography/Videography | <input type="checkbox"/> Dog Field Trips | <input type="checkbox"/> Paws to Read |
| <input type="checkbox"/> Mobile Adoptions/Special Events | <input type="checkbox"/> REUNITE Team (lost pet search team) | |

Other: _____

5. Is there anything else you would like us to know? _____

VOLUNTEER AGREEMENT

Glynn County Animal Control staff members strive to conduct themselves in a professional, compassionate and respectful manner when interacting with the animals in our care, shelter visitors, members of the public, our coworkers and our volunteers. As a volunteer member of the GCAC team, I agree to:

- Be a role model for the humane treatment of animals at home and in all places as well as while working with the shelter animals, adhering to all County and City of Brunswick ordinances along with state and federal laws.
- Conduct myself in an appropriate and professional manner while volunteering for GCAC, following all GCAC policies and protocols.
- Seek guidance from a GCAC staff member or the Animal Control Division Manager if I am ever unclear about the mission, philosophy, policies or protocols of GCAC.
- Attend orientation and any trainings relating to my volunteer service and to review all materials given to me by GCAC staff members to help me be successful as a volunteer.
- Accept supervision, direction and support from the GCAC staff members and I understand that they will provide me with feedback to help me perform my volunteer duties most effectively and safely and in the best interest of the animals I am volunteering to help.
- I know that as a GCAC volunteer, I represent Glynn County Animal Control and I will not engage in any activity or communication that may cause harm to GCAC's reputation or mission.

VOLUNTEER LIABILITY WAIVER

1. I agree to release, discharge, indemnify, and hold harmless Glynn County Animal Control for any and all damage to my personal property while performing my volunteer services at Glynn County Animal Control in a volunteer capacity.
2. I recognize that in handling animals at Glynn County Animal Control while performing my volunteer services, there exists a risk of injury, including personal physical harm. On behalf of myself, my heirs, my personal representatives and executors, I hereby release, discharge, indemnify and hold harmless Glynn County Animal Control, its agents, servants and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Agreement. This might include costs and attorney's fees and court costs incurred by Glynn County Animal Control in connection with my volunteer services based on damages or injuries which might be incurred or sustained but are not limited to animal bites, accidents, injuries and personal property damage.

3. I understand that public relations are an important part of volunteering at Glynn County Animal Control. I therefore agree on behalf of myself, my heirs, my personal representatives and my executors, to allow Glynn County Animal Control to use any photographs taken of me for use in public relations efforts. Glynn County Animal Control will use reasonable efforts to notify me before use, but such notification is not a condition of photographs being released for public relations purposes.
4. I acknowledge that I have read and fully understand the terms and conditions of the foregoing volunteer agreement and release and that I will comply with same.

Volunteer Signature

Date

Volunteer Printed Name

***If you are younger than 18 years old, please instead fill out our Youth Volunteer Application and have your parent or guardian sign it.**

For Office Use Only

Interviewed by: _____
GCAC Staff Member

Interview Date/Time: _____

___ Invited to Orientation/Training

___ Entered into Chameleon

___ Added to Volunteer E-newsletter

___ Name Badge created

Notes: