

DATE : _____



VOLUNTEER APPLICATION AND RELEASE

The Medina County SPCA is an independent, nonprofit animal welfare organization. The information provided to the Medina County SPCA by completing this Volunteer Application and Release form will enable us to direct you towards an appropriate, rewarding experience.

Please complete all pages of this application; then sign and date the waiver.

Thank you.

Please return to:

Medina County SPCA
245 S Medina St
Medina, OH 44256
330-723-7722

PERSONAL INFORMATION:

Name _____

Address _____ Home Phone _____

City, State, Zip _____ Cell phone _____

E-mail _____

Medical Insurance Co. _____ Group # _____

*Tetanus Vaccine is **required** for anyone who works with the animals.*

Date of Last Booster: _____

(Please attach a copy of your last booster shot record)

EMERGENCY CONTACT:

Name _____ Relationship _____

Primary Phone _____ Secondary Phone _____

EDUCATION: -

Are you currently a student? _____ Yes _____ No

If Yes: What school do you attend? _____

Date of Birth: _____

Are you volunteering for class credit? _____ Yes _____ No

If Yes: How many hours? _____

(Circle last year of school completed)

High School 1 2 3 4

College 1 2 3 4 5

Graduate 1 2 3 4

EMPLOYMENT:

Current Employer _____

What are your work hours? _____

Is your employer willing to post SPCA information at work? ____ Yes ____ No

SPCA INVOLVEMENT:

Do you have any previous involvement with the Medina County SPCA? ____ Yes ____ No

If so, what did you do? _____

Do you have special experience, skills, training, interests or hobbies you would like to share?

Check any areas in which you would like to participate.

- _____ Special Fundraising Events (fair parking, fundraisers, etc)
- _____ Humane Education (summer camp, speaking at schools & organizations)
- _____ Adoptions (special and weekend adoption events, adoption follow-up)
- _____ Fostering (dog, cat, horse, other)
- _____ Office work (computer data entry, phones, greeter, other)
- _____ Skilled Animal Care (administering medications, vaccines/vet tech training preferred)
- _____ Shelter Care (A.M./P.M. animal care/cleaning, dog walking; general housekeeping)
- _____ Other (specify) _____

What animals are you comfortable handling and working with?

What animals are you **NOT** comfortable handling and working with?

Are you volunteering to fulfill court-ordered community service requirements? ____ Yes ____ No

If yes, how many hours: _____

Circle the days you are available to volunteer.

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

What hours are you able to volunteer?

Weekdays: _____ 8:00-12:00 _____ 12:00-4:00 _____ 4:00 - 6:00

Weekends _____ 8:00-12:00 _____ 12:00-4:00 _____ 4:00 - 6:00

How often are you able to volunteer?

_____ More than once a week _____ Weekly _____ Monthly _____ On Call

All Volunteers, please read and sign:

Confidentiality Agreement

Information concerning the management and operation of our Agency is generally not known to the public and should be kept confidential.

Guidelines for protecting confidentiality

It is important that we diligently protect the confidentiality of information. The following guidelines have been developed for this purpose:

- Confidential information should be shared only with those inside the Agency whose jobs require them to have access to the information or when the law requires or protects the release of such information.
- Board Members, Employees, or Volunteers should not disclose sensitive or non-public information to people outside the Agency or discuss it in public places.
- When information is disclosed to individuals having a business relationship with the Agency that requires such disclosure, it should be done with the understanding that the information will be kept in confidence, and only the minimum amount of information necessary to accomplish the function should be disclosed.
- Documents containing sensitive information - including information stored on computer systems - should be handled carefully and must be properly stored.
- Discussions between the Agency and its lawyers are usually privileged and should be kept confidential. Any disclosure of those discussions to a third party may result in a waiver of the attorney-client privilege and possible harm to the Agency's interests. This point is especially important due to the nature of prosecuting animal cruelty cases.

I understand the above and agree to comply with the MCSPCA Confidentiality Agreement.

Signed: _____

Date: _____

Volunteer Release

(18 years or older /if under 18 parent or guardian)

Please read the following statement, sign and date below:

I hereby agree to accept a position as a volunteer worker for the Medina County SPCA (herein after referred to as the MCSPCA), and in doing so, I agree to comply with all of the rules and regulations which may be established from time to time by the MCSPCA, and I understand that failure to do so may result in my immediate termination as a volunteer. I acknowledge that my services are provided strictly on a volunteer basis, without any pay of any kind, and without liability of any nature on behalf of the MCSPCA. All services will be performed at my own risk. I recognize that in handling animals and performing other volunteer tasks there exists a risk of injury, exposure to zoonotic diseases (i.e. ringworm, giardia, rabies, etc) and physical harm caused by the animals. On behalf of myself, my heirs, personal representatives, and executors, I hereby release, discharge, indemnify and hold harmless the MCSPCA, its agents, servants, and employees from any and all claims, causes of action, or demands, of any nature or cause, including costs and attorney's fees incurred or sustained by me in any way connected with my services for the MCSPCA, including but not limited to animal bites, accidents or injuries.

I acknowledge I have read and accept these conditions.

Volunteer Signature _____ Date _____

If Under 18, Parent's Signature: _____