

Lewis-Upshur Animal Control Facility (LUACF) Volunteer Form

Revised 10/06/2016

318 Mud Lick Rd
Buckhannon, WV 26201
304-472-3865

General Information

Name: _____

Address: _____

Phone Number / Email: _____

Are you at least 18 years of age? Yes No

If you are under the age of 18, you must provide proof of being at least 16 years of age and a Junior or Senior in high school. For example, a copy of your driver's license or birth certificate and school class schedule. Volunteers under the age of 18 must be accompanied by an adult volunteer at all times. For a list of adult volunteers and their volunteer schedules, please see Jan Cochran, Facility Supervisor.

Are you affiliated with any other organization? College? Please list: _____

Animal Handling Skills, Training, or Experience:

Availability

How many hours a week are you available to volunteer? _____

Days you are available to volunteer: Monday Tuesday Wednesday
 Thursday Friday Saturday

What area would you like to serve? *Check all that apply.*

- | | |
|--|---|
| <input type="checkbox"/> Cleaning kennels | <input type="checkbox"/> Bathing / Grooming Animals |
| <input type="checkbox"/> Cleaning cat cages | <input type="checkbox"/> Dog Walking |
| <input type="checkbox"/> Taking Pictures | <input type="checkbox"/> Vaccination Assistance |
| <input type="checkbox"/> Transportation (to rescues) | <input type="checkbox"/> Evaluation for Rescue |
- *Must be at least 18 y.o.a. *Must be at least 18 y.o.a

Adoption Events

Writing Descriptions for Website / Rescue

What experience do you have with your areas of interest for volunteering? _____

Special Skills

Please detail any special skills that you have that could be useful during your volunteer service at LUACF (i.e. handler training, public speaking, grooming, photography etc.)

Tell Us About Yourself

Why do you want to volunteer at LUACF? (Personal enrichment, school credit, required community service). Have you volunteered with other shelters? If yes, please list and explain.

Have you ever been arrested? Yes No

If yes, explain the number of arrests(s), nature of offense(s) leading to arrest(s), how recently such arrest occurred, the disposition of the arrest(s) and types of rehabilitation.

References

Name: _____
Address: _____
Phone: _____
Email: _____

Name: _____
Address: _____
Phone: _____
Email: _____

I authorize the Lewis County Commission and/or the Upshur County Commission to contact any reference, present and/or previous employer listed above. I understand that the Lewis County Commission and the Upshur County Commission may discontinue the services of any volunteer at any time for any reason. By volunteering at the LUACF, you acknowledge that you are neither an employee of the LUACF nor are you an independent contractor of the LUACF.

_____ Signature	_____ Date
_____ Parent Signature	_____ Date
_____ Under 18 Volunteer Signature	_____ Date
_____ Witness Signature	_____ Date

Release of Liability & Assumption of Risk Adult Volunteers

The staff of the Lewis Upshur Animal Control Facility welcomes you to our facility and thanks you for your volunteer services. However, we must be clear that certain dangers exist that you should be aware of before assisting with animal rescue.

Risks of fostering animals include but are not limited to being bitten by an animal, scratched by an animal, falling, illnesses, and other various perils. Many animals have been traumatized, some are sick, all are unpredictable, and may either bite or injure you or cause you to fall or hurt yourself.

By signing up as a volunteer I agree that if I am injured for any reason while assisting the LUACF, I am solely responsible for said injuries, medical expenses or any other losses of any kind whatsoever.

If you do not have your own health insurance, you are not allowed to participate. Any individual who does not have health insurance may not volunteer for the LUACF.

I expressly assume the risk for any and all potential injuries which may arise during my volunteer work with the LUACF.

I understand that my participation is strictly voluntary and I freely chose to participate. I voluntarily agree to assume all risks of injury and/or death and, on my own behalf and on behalf of my heirs, next of kin, and all representatives, after having been advised of the potential hazards of this activity, do hereby WAIVE AND RELEASE all demands and claims, whether in law or in equity, that I or my heirs, next of kin, and all representatives might otherwise have against the Lewis Upshur Animal Control Facility, Upshur County Commission and Lewis County Commission and all Commissioners, agents, employees, and officers thereof as well as any other entity, organization or individual who is assisting with any animal care or interaction at the Lewis Upshur Animal Control Facility on account of any injuries, disabilities, death, property damage or losses and expenses of any nature whatsoever, resulting from my volunteer activities for the Lewis Upshur Animal Control Facility.

I understand that certain federal and/or state statutes may grant immunity or limit my personal liability in the event that personal injury or harm comes to another as a result of my volunteer activities. However, I understand that this is not complete and total immunity and that I may be held personally liable in certain situations including, but not necessarily limited to , willful or criminal misconduct; reckless misconduct; conscious and/or fragrant indifference to the rights or safety of others; harm resulting from the operation of a vehicle.

I further agree to indemnify, defend and hold harmless, the Lewis Upshur Animal Control Facility, Upshur County Commission and Lewis County Commission, and its Commissioners, agents, employees and volunteers from any claims, suits, and actions of any kind or nature,

whether at law or in equity, arising from my volunteer activities at the Lewis Upshur Animal Control Facility.

Signature

Date

State of West Virginia
County of: _____

I, _____, Notary Public in and for said County and State to affirm and attest that the above individual appeared before me and executed this document on this _____ day of _____, 20____.

(Seal)

(Notary Public)

My Commission Expires on: _____

Release of Liability & Assumption of Risk Minor Volunteers

The staff of the Lewis Upshur Animal Control Facility welcomes your child to our facility and thanks you for allowing your child to volunteer his/her services. However, we must be clear that certain dangers exist that you should be aware of before agreeing to allow your child to assist with animal rescue.

Risks of volunteering at the Animal Shelter include but are not limited to being bitten by an animal, scratched by an animal, falling, illnesses, and other various perils. Many animals have been traumatized, some are sick, all are unpredictable, and may either bite or injure your child or cause your child to fall or hurt himself/herself. Please talk to your child about being careful with dehydration, overheating, lifting heavy objects, and unauthorized personnel.

By allowing your child to sign up as a volunteer you agree that if he/she is injured for any reason while assisting with the LUACF, you are solely responsible for your child's injuries, medical expenses or any other losses of any kind whatsoever.

If your child does not have health insurance, he/she is not allowed to participate.

If you are not willing to agree to the full assumption of risk for any and all injuries your child may sustain, please do not allow your child to volunteer to participate in any activity at the Animal Shelter. By signing this agreement, you expressly assume the risk for any and all potential injuries which may arise during your child's volunteer work with the LUACF.

I understand that my child's participation is strictly voluntary and I freely chose to allow him/her to participate. I voluntarily agree to assume all risks of injury and or death and, on my own behalf and on behalf of my child, heirs, next of kin, and all representatives, after having been advised of the potential hazards of this activity, do hereby WAIVE AND RELEASE all demands and claims, whether in law or in equity, that I, my child or my heirs, next of kin, and all representatives might otherwise have against the Lewis Upshur Animal Control Facility, Upshur County Commission and Lewis County Commission and all Commissioners, agents, employees, and officers thereof as well as any other entity, organization or individual who is assisting with any animal care or interaction at the Lewis Upshur Animal Control Facility on account of any injuries, disabilities, death, property damage or losses and expenses of any nature whatsoever, resulting from my child's volunteer activities for the Lewis Upshur Animal Control Facility.

I understand that certain federal and/or state statutes may grant immunity or limit my personal liability in the event that personal injury or harm comes to another as a result of my child's volunteer activities. However, I understand that this is not complete and total immunity and that I may be held personally liable in certain situations including, but not limited to: willful or criminal misconduct; reckless misconduct; conscious and/or flagrant indifference to the rights or safety of others; harm resulting from the operation of a vehicle.

I further agree to indemnify, defend and hold harmless, the Lewis Upshur Animal Control Facility, Upshur County Commission and Lewis County Commission, and its Commissioners, agents, employees and volunteers from any claims, suits, and actions of any kind or nature, whether at law or in equity, arising from my child's volunteer activities for the Lewis Upshur Animal Control Facility.

Under 18 Volunteer Signature

Date

Parent Signature

Date

State of West Virginia
County of: _____

I, _____, Notary Public in and for said
County and State to affirm and attest that the above individuals appeared before me and
executed this document on this _____ day of _____, 20_____.

(Seal)

(Notary Public)

My Commission Expires on: _____