

THE BEDFORD COUNTY ANIMAL SHELTER

1307 FALLING CREEK RD BEDFORD, VA 24523

540-586-7690

VOLUNTEER APPLICATION

The Bedford County Animal Shelter is dedicated to eliminating the overpopulation of cats and dogs in Bedford County through education and stray / unwanted animal adoptions. We always welcome new volunteers into our group and are delighted you are interested in helping out with our efforts.

Please take the time to complete this form and return it to the above address. After reviewing the information you provide, our Volunteer Coordinator will contact you regarding you time availability and the volunteer activities for which you expressed an interest. Thank you for your interest in becoming a part of our group.

CONTACT INFORMATION:

First Name: _____ Last Name: _____

Address: _____ City _____ State _____ Zip _____

Work Phone: (_____) _____ Home Phone: (_____) _____
Area code Area code

Email: _____

(By providing your email address, you are also giving us permission to add you to our Supporter and Volunteer email list. These lists are for BCAS use only. We will never sell them or give the to any other organization)

PERSONAL REFERENCES (No more than 1 family member)

Reference 1

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Reference 2

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

Reference 3

Name _____ Relationship _____

Address _____ City _____ State _____ Zip _____

Phone (_____) _____ Email _____

PAST EXPERIENCE & TRAINING:

Have you ever been bitten or attacked by a dog or cat? _____

Did the bite require medical attention? _____

Are you comfortable approaching a dog or cat you don't know? _____

Do you understand that dogs/cats may be unpredictable and The Bedford County Animal Shelter cannot guarantee that a dog/cat may not become aggressive? _____YES_____NO

Are you willing to assume the risks involved with working with animal who are sometimes frightened and who are in unfamiliar surroundings and the possibility that the dog/cat may become aggressive and/or bite/scratch you or a companion?
_____YES_____NO.

Do you have experience/training in any of the following dog/cat related areas of work?
(Check all that apply).

_____Breeding_____Grooming_____Kennel Assistant_____Animal Rescue_____Training
_____Vet Tech_____Pet Store

Do you have other experience/skills that would help you in dog/cat caretaking?

Please list dog clubs or rescue organization memberships, past and present, if any.

TRANSPORTATION:

What type of vehicle do you have for transporting animals? _____

Are you willing to accept any risk involved in transporting a dog/cat inside your vehicle ___YES___NO

Do you own a crate? _____YES_____NO

Please describe WHY you are interested in volunteering with The Bedford County Animal Shelter _____

AVAILABILITY

Please indicate the days you are available to volunteer.

Mon Tue Wed Thu Fri Sat Sun

Morning

Afternoon

Evening

The Bedford County has many volunteer opportunities. Please check the areas you are interested in.

_____ Cleaning kennels

_____ Feeding

_____ Grooming

_____ Walking dogs

_____ Answering phone

_____ Office Assistant

_____ Running errands

_____ Vet transportation

_____ Adoptathons

_____ Media Relations

_____ Fundraising

_____ Posters and Publications

_____ Newsletter

_____ Disaster Relief and Emergency Assistance

_____ Other (please describe, we welcome new ideas)

Signature _____ Date _____

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VOLUNTEER RELEASE, WAIVER AND INDEMNIFICATION

- The undersigned volunteer, his/her parent(s) or legal guardian, if under the age of 18 years, does/do hereby execute this release, waiver, and indemnification for himself/herself/themselves and his/her/their/heirs, successors, representatives, and assigns, thereby agree to the following:
- To forever release The Bedford County Animal Shelter, its members, employees, representatives, and friends from any and all liability, loss, damage, cost, claims, and/or causes of action, including, but not limited to, all bodily injuries and property damage arising out of participation in animal rescue/rehabilitation/adoption activities, it being specifically understood that said activity includes the handling of companion animals by the undersigned participant(also handling in the pens,runs,cages,and foster homes). The undersigned person(s) further agree(s) to indemnify The Bedford County Animal Shelter, it's members, employees, representatives, and friends: and hold them harmless for any liability, loss, damage, cost, claim judgment or settlement which may be brought or entered against them as a result of the undersigned person's participation in aforesaid activity.
- Furthermore if involved in companion animal rescue/rehabilitation/adoption activities pursuant to Code of Virginia 3.1 – 796.132 the undersigned(s) executes this waiver of the undersigned(s) rights to sue and agree(s) to assume all risks inherent in companion animal rescue/rehabilitation/adoption activities and have notice of all the risks inherent in those activities including (1) the potential of animals behave in dangerous ways which may result in injury to the participant, (2) the inability to predict an animal's reaction to sound, movements, objects, persons, or other animals: and (3) hazards of surface or subsurface conditions.
- This waiver shall remain valid unless expressly revoked by the volunteer or parent(s) or guardian(s) of a minor volunteer. The revocation shall be in writing which shall be delivered to the provider and shall become effective thirty (30) days after its delivery to the provider.
- In the case of any activity performed on behalf of The Bedford county Animal Shelter on property nor premises not belonging to The Bedford County Animal Shelter this waiver executed by participants or parent(s) or guardian(s) of a participant shall apply to ALL rescue/rehabilitation/adoption activities in which the participant(s) is/are involved in the next succeeding twelve (12) month period unless earlier expressly revoked in writing. The revocation shall become effective (30) thirty days after its delivery to the provider.
- The undersigned(s) should maintain all medical and health insurance needed to cover all risks of ANY KIND in any place in livestock, equine, canine, feline, and/or other activities. This insurance is to be held on all family members especially minors or aged.
- **Pursuant to Code of Virginia 3.1-796.96-1, I have never been convicted of animal cruelty, neglect or abandonment and I will update this statement as changes occur.**
I the undersigned volunteer , will practice all safety rules and ensure myself that all equipment is in good condition, whether owned, loaned, or borrowed at all times.

Signature of Volunteer: _____ Date _____

Signature of Parent or Guardian if volunteer is a Minor _____ Date _____

EMERGENCY CONTACT INFORMATION:

NAME: _____ PHONE: _____

DOCTOR'S NAME: _____ DOCTOR'S PHONE: _____