



## Animal Care and Control Volunteer Release Form



I wish to volunteer for the City of Middleburg Heights Animal Care and Control and will be participating at my own risk. I acknowledge that my participation is voluntary and does not constitute a condition or requirement of employment. I attest that I do not have any physical or mental conditions that would prevent me from volunteering. I am medically fit and physically prepared to conduct such activities.

Volunteers are advised and understand that volunteering can require working with unpredictable animals. The City of Middleburg Heights will not be held responsible or liable for injuries or accidents that may occur as a result of volunteering in or on the premises of this facility.

Volunteers are advised and understand that the following is a list of some, but not all, of the risks associated with volunteering at this facility:

- Bites or scratches from animals
- Being knocked down, jerked or pulled excessively by animals
- Injuries to wrists, hands or fingers from dog leashes
- Slips, trips or falls from wet floors, kennels or equipment
- Exposure to fleas, ticks, ringworm, FIV, FeL V, upper respiratory infections, and other illnesses
- Internal or external parasites
- Zootonic illnesses (human illnesses contracted from animals)
- Injuries related to lifting animals, food or equipment
- Injuries caused from grooming equipment; such as scissors, clippers etc.
- Exposure to cleaners, latex gloves or parasite control products
- Loss or damage to personal property

Recognizing the possibility of risks, death and injury associated with this program, and in consideration for the City of Middleburg Heights Animal Care and Control allowing me to volunteer, on behalf of myself, as well as my heirs, executors, administrators and assigns, I hereby release and agree to indemnify and hold harmless the City of Middleburg Heights and its agents, employees, affiliated organizations, and any other associated personnel.

Volunteers understand at any time, at the discretion of the Animal Care and Control Officer, their participation may be terminated and they may be asked to return animals and/or

supplies. Failure to return animals and/or supplies within 24 hours of termination notice could result in prosecution. Terminated volunteers are forbidden to return to shelter premises.

Volunteers warrant and represent that each of them has the authority to enter this agreement. I am over 18 years of age, and understand, agree and consent to all the above listed.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Printed Name of Volunteer: \_\_\_\_\_

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

Volunteer Date of Birth: \_\_\_\_\_ Volunteer Phone Number: \_\_\_\_\_

Volunteer Address: \_\_\_\_\_ -

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Will animals and supplies be kept at the above address? \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone Number: \_\_\_\_\_

## Questionnaire

1. Have you ever volunteered at a shelter or rescue before?
2. Have you ever worked professionally with animals?
3. Do you have pets or children at home? What kind of pets do you have?
4. Do you have any other animal related experience?
5. Are there any animals you are uncomfortable handling?
6. When are you available to volunteer?
7. Are you available for on-call or last-minute volunteering?
8. Have you ever administered medicine to animals?
9. Would you be interested in training seminars?
10. What would you like us to know about you?