



Warren County Animal Control Department  
Volunteer Application

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
print LAST FIRST MIDDLE DATE

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Email Address \_\_\_\_\_ @ \_\_\_\_\_ Drivers License/State ID \_\_\_\_\_

Are you over 18 years? Yes\_\_ No\_\_ Date of Birth ( optional ) \_\_\_\_\_

If you are under 18: Parent/Guardian Signature: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work: \_\_\_\_\_ Cell: \_\_\_\_\_

Please indicate what you would be interested in assisting in:

Animal Welfare Assistant

- Animal Husbandry
- Bathing
- Socializing/Walking

Educational Assistant

- Greeting citizens
- Promoting responsible pet ownership
- Organizing events
- Development of teaching aids

Adoption Assistant

- Assisting citizens in adoptions

Administrative Assistant

- General office
- Fund Raising

Do you prefer to work with Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Other? \_\_\_\_\_

What do you hope to accomplish by volunteering at the Animal Ark?

What experience do you have working with animals?

What other volunteer experience do you have?

**Please provide us with 2 references:**

Name: \_\_\_\_\_ Tele: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Tele: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Please indicate the times you would be available to volunteer:**

Monday \_\_\_\_\_  
Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_  
Thursday \_\_\_\_\_  
Holidays \_\_\_\_\_

Friday \_\_\_\_\_  
Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_

**Please note when you schedule to volunteer,  
the animals expect you to show up!**

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Control Staff: \_\_\_\_\_ Date: \_\_\_\_\_

Animal Control Director Approval: \_\_\_\_\_ Date: \_\_\_\_\_



**Warren County Animal Control Department  
Volunteer Liability Release**

**Please read and initial each section. If you have any questions, please ask!**

**Name:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
print LAST FIRST MIDDLE DATE

\_\_\_\_ For the purpose of obtaining permission from Warren County Animal Control Department to perform volunteer services for the Department; I state that I am a competent adult and 18 years of age or older.

\_\_\_\_ 15 – 17 years of age: I will discuss with my parent or guardian this form and be advised of what this form means and will provide this form signed by my parent or guardian.

\_\_\_\_ I will serve the Department without compensation as a volunteer for such period or periods and at such times as may be mutually agreed upon by the Department and myself.

\_\_\_\_ I will work entirely on my own initiative, and am aware of the inherent dangers and hazards in handling and being in the presence of random source animals and in an animal facility.

\_\_\_\_ I will follow the directions given me by the Department's management and staff to whom I am assigned. If I feel uncomfortable with any activity, I will stop the activity.

\_\_\_\_ I understand that humane euthanasia ("putting to sleep") of animals takes place on a regular basis at the Animal Ark. Although it is done discreetly, there is no guarantee that I will not one day accidentally witness it or in some way be made aware of its occurrence.

\_\_\_\_ I understand that although reasonable efforts are made to monitor the health of animals at the Animal Ark, they can contract or carry contagious diseases, including rabies, for which they do not show symptoms. Germs can be carried home by a volunteer to his/her pet or family members. If your pets are very young or have chronic health problems, you should discuss the risks with your private veterinarian before volunteering. If you have chronic health problems, you should discuss the risks from animal disease with your personal physician before volunteering.

\_\_\_\_ I certify that I have health insurance that would cover any injuries received while participating as a volunteer, and to the extent any of my medical expenses are not covered by insurance, I agree to be responsible for my own medical bills. In addition, I agree to be responsible for any veterinary bills incurred should my pet(s) develop any illness as a result of my volunteer activities. To the best of my knowledge, I do not have any medical or psychological condition that would make it inappropriate or dangerous (for myself, the animals or others) for me to participate as a volunteer. In the event I require medical care on an emergency basis, I authorize Warren County or its agents, employees or other volunteers to seek care on my behalf and at my expense.

\_\_\_\_ I understand there are inherent risks in being near, handling, walking, or petting any animals, and that even generally well-behaved animals can become aggressive without warning. I understand that some domestic companion animals are capable of inflicting serious personal injury or death, as well as extensive property damages. In most cases, The Animal Ark has little or no history on the animals in its care.

\_\_\_\_ I agree to abide by Warren County and Animal Control policies and safety rules as in effect while serving as a volunteer. I acknowledge that my position as a volunteer may be terminated at any time if I do not abide by the policies and procedures of Warren County or Animal Control or exhibit behaviors considered by staff to be dangerous to myself, the animals and/or to others.

Please complete and sign the reverse side.



**Warren County Animal Control Department  
Volunteer Liability Release**

Now, in consideration of the Warren County Animal Departments' willingness to delegate to me assignments of work within the scope of the Departments' purposes, subject to the revocation of such activities by me or by the Department at any time and from time to time, I make the following commitments:

\_\_\_1. I assume responsibility for all risks of loss or damage or injuries that may be suffered by me or to property owned by me in the course of my activities on behalf of the Department from any cause, including but not limited to ordinary negligence attributed or which might be attributed to the Department on any of its agents, directors, officers, servants, employees or other volunteer workers, whether sustained or suffered on any premises under the control of the Department or at any other premises not under the control of the Department or when enroute to or from all such places or premises by any means of travel, including but not limited to;

- (a) privately owned vehicles,
- (b) my own automobile or vehicles borrowed by me,
- (c) vehicles owned or controlled by the Department, in each case whether said vehicle is operated by me or other persons, and
- (d) public transportation.

\_\_\_2. I hereby release, discharge, and indemnify the County of Warren, NC, the Animal Control Department and its agents, directors, officers, servants, employees and volunteer workers of and from and in respect to any and all claims, action, and rights of cause of action, present or future, whether known, anticipated or unanticipated, on any account of any personal injury, including death, or loss of or damage to any property, suffered or sustained by me from any cause, incident arising out of, during or in connection with, my performance of volunteer services at the place or places and in the performance of activities as are described in this agreement.

The representations, conditions and commitments contained in this instrument shall be binding upon my heirs, next of kin, and personal representatives.

\_\_\_\_\_  
**Under 18: Parent/Guardian Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
Volunteer Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Animal Control Department Witness

\_\_\_\_\_  
Date