

**Randolph County, NC  
Animal Services**

*Volunteer Application*

Randolph County Animal Services encourages the participation of volunteers who support the Animal Shelter mission, "...dedicated to promoting the compassionate treatment of animals in our community through education, sheltering, and adoption."

Potential Volunteers receive an interview prior to placement. We require that all volunteers participate in our training program as part of their work experience. If you agree with our mission and are willing to be interviewed and trained, we encourage you to complete this application. The information on this form will help us find the most satisfying and appropriate job for you. Please print your responses.

Name: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
(PRINT) LAST FIRST MIDDLE DATE

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

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

Email Address \_\_\_\_\_ @ \_\_\_\_\_ Driver's License/State ID \_\_\_\_\_

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

**If you are under 18**

**Parent/Guardian Name:** \_\_\_\_\_  
Parent/Guardian Signature

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

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

Do you prefer to work with Dogs \_\_\_\_\_ Cats \_\_\_\_\_ Both \_\_\_\_\_ Other Species: \_\_\_\_\_

Occupation: \_\_\_\_\_

**Please indicate all the areas you would be interested in assisting with.**

\_\_\_\_\_ Animal Care      \_\_\_\_\_ Socialization of Dogs/Dog Walking      \_\_\_\_\_ Socialization of Cats  
\_\_\_\_\_ Foster Care      \_\_\_\_\_ Fund-Raising      \_\_\_\_\_ Small-Mammal Companionship  
\_\_\_\_\_ Dog Training      \_\_\_\_\_ Community Outreach      \_\_\_\_\_ Special Events

What experience do you have working with animals? \_\_\_\_\_

Do you speak a language besides English? If so, what language? \_\_\_\_\_

Are there any activities you prefer **not** to do? \_\_\_\_\_

Do you have pets at home? What kind? Are they spayed/neutered? \_\_\_\_\_

What other volunteer experience do you have? \_\_\_\_\_

**Please indicate the days and/or times you are available:** *(used as an estimate; you will schedule your own time!)*

Monday \_\_\_\_\_

Friday \_\_\_\_\_

Tuesday \_\_\_\_\_

Saturday \_\_\_\_\_

Wednesday \_\_\_\_\_

Sunday \_\_\_\_\_

Thursday \_\_\_\_\_

***Please note when you do  
schedule to volunteer, the  
animals are counting on you  
to show up!***

Are you willing to transport animals as part of your volunteer work? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

If so, is the vehicle you would be driving covered by liability insurance? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Can you provide proof of insurance? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name of insurance company \_\_\_\_\_

Have you pled guilty or been found guilty of a traffic violation? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Excluding traffic violations, have you ever been convicted of any criminal offense? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please explain** \_\_\_\_\_

Did a current volunteer recommend that you volunteer with Animal Services? **Yes** \_\_\_\_\_ **No** \_\_\_\_\_

**If yes, please list their name so we may thank them!** \_\_\_\_\_

By my signature I give my permission to Randolph County Animal Services to verify the supplied information and allow Randolph County to utilize any audio or visual depictions obtained while I am volunteering. I also understand that this application does not guarantee acceptance into the volunteer program. **Unsigned applications will not be considered.**

By my signature, I hereby release, discharge, and indemnify Randolph County Government, the Animal Services Department, and its agents, directors, officers, servants, employees and volunteer workers from 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 heir, next of kin, and personal representatives.

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

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

***Legal Guardians: Please remit your Letter of Guardianship with the application.***

***Please return this form to:***

*Randolph County Animal Services*

*1370 County Land Rd.*

*Randleman, NC 27317*



\_\_\_\_\_ All information obtained while in my capacity as a Volunteer is considered confidential. No information obtained, including information regarding donors, citizens utilizing the Department, other volunteers, Department staff and agents shall be released without specific authorization from the Animal Services Director. Failure to obtain authorization or maintain this confidentiality may result in termination of Volunteer status and may result in personal liabilities.

\_\_\_\_\_ I agree while acting in my Volunteer capacity I shall not take any actions which results in the financial benefit of myself, or a member of my immediate family. I agree to report any real or potential conflict of interest. I understand this reporting will not preclude my volunteer service if it is reported appropriately.

\_\_\_\_\_ I understand my volunteer capacity may be immediately terminated if I become under investigation or convicted of a crime, engage in unethical behavior or activities or misuse the Department's name, equipment or supplies. I further agree to immediately report any of this activity. I understand the confidentiality of reporting will be protected.

\_\_\_\_\_ I agree to familiarize myself with Department policies and procedures and will fully comply with both the letter and spirit of these policies and procedures.

\_\_\_\_\_ I fully understand that the Department expects high standards of moral and ethical treatment of animals under its care. I agree to adhere strictly to these standards.

\_\_\_\_\_ I agree not to represent the Department outside my immediate volunteer capacity, will not discuss any obtained information or my or Volunteer activities with any member of the media and shall immediately relay any questions or concerns anyone may have regarding the Department, animals and/or any citizen utilizing the Department to a Departmental staff member.

\_\_\_\_\_ I fully understand and agree that either failure to comply with any and all of the obligations outlined in this Volunteer Agreement or for any reason whatsoever the Department, at its sole discretion, may immediately terminate my services.

By my signature I hereby agree and shall comply with the Terms & Conditions of this Agreement. I understand that failure to comply with the agreed upon terms and conditions may result in my immediate termination as a Volunteer. I hereby release, discharge, and indemnify the County of Randolph NC, the Animal Services Department and its agents, directors, officers, servants, employees and Volunteers from 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. The representations, conditions and commitments contained in this instrument shall be binding upon my heirs, next of kin, and personal representatives.

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**Applicant's Signature**

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**Date**

**PARENT OR LEGAL GUARDIAN (18 AND YOUNGER, DISABLED OR SPECIAL NEEDS VOLUNTEERS)**

As a parent or legal guardian of the above-named Volunteer, I hereby give consent for my child or ward, as the case may be, to become a Volunteer as described in the above Volunteer Agreement and, by my signature below, join in and agree to be bound by its' terms and conditions. By my signature below I agree to provide adequate supervision and assistance for the Volunteer.

**ALL COMMUNITY SERVICE HOURS MUST BE SIGNED OFF BY A STAFF MEMBER.  
HOURS NOT SIGNED OFF WILL NOT BE SUBMITTED AS HOURS WORKED.**

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**Applicant's Signature**

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**Date**

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**Animal Services Volunteer Coordinator**

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**Date**