

WALKER COUNTY ANIMAL SHELTER AND ADOPTION CENTER

5488 North Marble Top Road
Chickamauga, Georgia 30707
(706)375-2100
s.robinson@walkerga.us

Volunteer Application

MISSION STATEMENT

The Walker County Animal Shelter and Adoption Center (WCASAC) serves the North Georgia community by providing animal control and humane care for the animals that are lost, abandoned and unwanted. We strive to place every adoptable animal into good loving homes and encourage good pet guardianship through programs such as spay/neuter, micro-chipping and rabies/ vaccine clinics to help end the homeless plight of our companion animals.

WHY ARE VOLUNTEERS NEEDED?

As a nonprofit, county funded facility, we always need support and help. By volunteering, you will make the jobs of our staff easier, allow the shelter to run smoother, and most importantly, help the animals.

There are many areas of need at our facility. More information on these areas is provided below.

PERSONAL CONDUCT

WCASAC expects its volunteers to maintain a high standard of conduct and work performance to make sure we maintain a good reputation with the community, supporters, and patrons. Good personal conduct contributes to a good work environment for all.

Please keep these things in mind as you volunteer:

- Treat staff, visitors, and others with courtesy and respect
- Treat the animals in a professional and caring manner
- Be proud of your professional appearance, language, and behavior
- Observe all policies and procedures
- Work safely at all times, especially when in contact with the animals at our facility.

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To become a WCASAC Volunteer:

- You must be at least 18 years old to volunteer
- No children under 18 are permitted to accompany a volunteer
- **Complete a volunteer application and assessment form** (for first-time volunteers)
- Email address and telephone number is required
- Bring a picture ID
- **Attend a Volunteer Orientation Class**
- Spread the message about responsible pet ownership and animal protection

Volunteer assignments will be made in accordance with your interests, abilities, and vocational goals and in accordance with the needs of our facility.

The one hour orientation class will help you feel comfortable in your new role as a WCASAC Volunteer and provide you with an overview of our cause, policies, volunteer opportunities, facility, and hands-on animal handling instruction. When you complete and submit this application you can choose to volunteer your time for non-animal related services such as construction or administrative help.

When you submit your application you agree to:

- Sign in and out every time you volunteer
- Promote a positive and upbeat atmosphere at the facility
- Refrain from any negative speech or social media posting involving WCASAC
- Accept and abide by the policies of WCASAC
- Wear appropriate and unoffensive attire at any all volunteer opportunities including our facility
- Represent WCASAC as a volunteer in a responsible and respectable fashion
- Be in good health, or have a note from doctor if you have certain disabilities or illnesses.

If you have any questions about our volunteer program, please email us anytime at s.robinson@walkerga.us.

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VOLUNTEER APPLICATION AND ASSESSMENT FORM

Applicant Name: _____ Date: _____

Date of Birth: _____ Telephone Number: _____

Email Address: _____ T-Shirt Size: _____ (unisex sizing)

Street Address: _____ City: _____ State: _____ Zip: _____

Describe any previous volunteer/ animal care experience.

Why do you want to volunteer at the WCASAC?

Do you have any disabilities, allergies, or sensitivities to chemicals, pet dander, pollens, weather, or any other substance that need to be accommodated? If so, please explain:

Do you own pets? Dogs _____ Cats _____ Other _____ - Spayed/Neutered? (circle one) YES NO

Describe your experience working with animals:

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Availability: During which times are you available?

<i>Sunday</i>	<i>Monday</i>	<i>Tuesday</i>	<i>Wednesday</i>	<i>Thursday</i>	<i>Friday</i>	<i>Saturday</i>
Morning	Morning	Morning	Morning	Morning	Morning	Morning
Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon	Afternoon
Evening	Evening	Evening	Evening	Evening	Evening	Evening

Explain availability schedule further please:

- | | | |
|--|-----|----|
| 1. Do you have a computer connected to the internet at home? | YES | NO |
| 2. Time 1 – will you be able to work from home? (Virtual) | YES | NO |
| 3. Time 2 – will you be able to come into our facility? | YES | NO |

Please indicate the areas that interest you - Check all that apply:

Clerical

Mailing, Filing, clerical duties

Telephone/Email Support

Grant Writing

Transportation

To vet appointments

To Rescues

To Foster/Permanent Homes

Supply Pick-up/Drop-off

Animal Care

Walking Dogs

Cat room entertainment

Grooming/Bathing

Training

Kennel Cleaning

Other Activities

Photography/Videography

Home Visits

Fundraising

Supply Drives

Adoption Events

Please indicate the skills you have:

- ✓ Administration/ Organizational Support _____
 - ✓ Communications/ Marketing _____
 - ✓ Construction/ Maintenance _____
 - ✓ Animal Services _____
 - ✓ Education _____
 - ✓ Special Event Support _____
 - ✓ Transportation _____
 - ✓ Other: _____
- Experience handling large/ powerful breeds: _____

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Evaluation

Please select all the options that apply to you:

I have carefully considered my schedule and I know I can make a commitment to volunteering at WCASAC

I know that some of the animals are recovering from illness and injury and I am comfortable working with them

I am aware that I may need to pick up/clean up after animal feces and urine.

I treat my volunteer commitments with the same respect that I do my work obligations

I hope my volunteer work with WCASAC will lead to a job with the department

I am in between jobs and am hoping to use my free time to be of service

I hope to meet other people and expand my social network

I am seeking an opportunity to gain experience in a shelter to add to my resume

I am seeking to volunteer to gain information for a school/ college project.

All new volunteers are required to complete a volunteer application, and attend a Volunteer Orientation Class. **The volunteer orientation class is 1 hour long.**

Signature _____ Date _____

Please Read Carefully Before Completing, Signing and Submitting this Application

Please complete and bring to our facility or email to s.robinson@walkerga.us

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Volunteer Waiver and Release of Liability, Indemnification and Hold Harmless Agreement

This Waiver and Release of Liability, Indemnification and Hold Harmless Agreement ("Agreement") is between the Volunteer and Walker County Animal Shelter and Adoption Center (WCASAC), 5488 North Marble Top Road, Chickamauga, Georgia 30707 and its directors, officers, members, employees, agents, assigns, legal representatives and successors.

As a volunteer that is 18 years old or older, I hereby understand and agree to the following: I agree to WAIVE and RELEASE WCASAC from all liability, manner of actions, causes of action, debts, contracts, claims and demands for or by reason of any illness, death, damage, loss or injury to person and property, which has been or may be sustained as a direct or indirect consequence of the Volunteer's volunteering at or for WCASAC and notwithstanding that such damage, death, illness, loss or injury may have been caused partly by the negligence of WCASAC. I agree to INDEMNIFY and HOLD HARMLESS WCASAC for any costs or liabilities which they may incur as a result of my volunteering at or for WCASAC.

I understand that because I may handle and/or come in contact with animals, it is important to discuss being vaccinated against tetanus with my physician. I release WCASAC from all responsibility that may occur because of my not pursuing this matter further and I understand whatever decision I make is at my own risk. I have read, understand and agree to the above tetanus information.

I acknowledge and understand that as a volunteer of WCASAC, I am not covered by workers' compensation or any other insurance policy through WCASAC, for any damages or injuries I may sustain during volunteer activities. I understand that I am responsible for obtaining health insurance coverage through an independent health insurance company.

I fully understand that as a part of my volunteer work for WCASAC, I will come into contact with animals either by directly handling them, fostering or through assisting in their care and adoption. Further, I understand that working with animals carries a risk of injury, and that it is possible that I may be bitten, scratched, and/or otherwise injured.

I fully understand that as a volunteer and/or foster home for WCASAC, my family may come in contact with animals at WCASAC events, and I and my family and/or guests may come into contact with animals in my home if I am fostering an animal. I understand that working with animals carries a risk of injury, and it is possible that my family and/or guests may be bitten, scratched and/or otherwise injured.

I acknowledge and agree that I have carefully read this agreement, that I fully understand the agreement, and that I freely and voluntarily execute the same. I understand that I may seek independent advice prior to signing this agreement. I understand that this agreement is binding on me, my spouse, my executors, administrators, personal representatives and assigns and that this agreement has important legal consequences. The terms of this agreement are contractual and not mere recitals. This agreement will be construed in accordance with and governed by the laws of the State of Georgia.

Signature of Volunteer: _____ Date: _____

Signature of Witness: _____ Date: _____

Emergency Contact Phone: _____

Relationship of contact: _____

If insured, name of medical insurance carrier and policy number:

Thank you for completing this application and for your interest in volunteering with us. Please note, completing this form does not guarantee placement as a volunteer with WCASAC.