

Volunteer Waiver



Full Name Print _____

Child(ren)(must be 13+) _____

Address _____

City _____ State _____ Zip _____

Cell/Home Phone _____ E-mail _____

Date of Birth _____ Age _____ Driver's License #/State _____ / _____

Emergency Contact _____ Phone _____ Relationship _____

I, _____, a volunteer caring for animals at the Davidson County Animal Shelter, acknowledge by signing this form that I could experience an exposure to animal bites and/or disease or other injury while serving as a volunteer at DCAS. As a public agency that houses homeless animals, the DCAS often does not have a medical or behavioral history (including rabies vaccination or lack thereof), of the animals that volunteers come into contact with. While some training is provided, a certain amount of risk is always involved especially with unpredictable animals. The DCAS strongly recommends that all volunteers have current tetanus vaccinations and that persons with suppressed immune systems consult their physicians prior to volunteering.

I assume the risk of being bitten, scratched, or injured in any manner in connection with my volunteer work. I do hereby further acknowledge that I am volunteering my services to the Davidson County Animal Shelter of my own free will and that I agree for myself, my heirs, executors, and assigns to waive and release any legal rights that I may have to seek damages of any nature as against DCAS or Davidson County, its elected and appointed officers, its employees, or its agents for any injuries, illnesses, damages, liabilities, losses, judgements, costs or expenses as a result of my work at or participation in the volunteer program of the DCAS or in any other way arising out of my work or other participation in this program. The waiver and release is deemed to apply to all medical problems or injuries from all causes and including all payments or legal remedies I might be entitled to against the DCAS, Davidson County its elected and appointed officials, its employees and agents.

I agree to abide by all the rules, regulations policies and programs of the DCAS.

DCAS cannot guarantee placement of volunteers but will make every effort to match applicants with volunteer opportunities. Volunteers must be adults or at least 16 years of age with parental consent to volunteer at the DCAS.

I understand that public relations are an important part of a volunteer's activities on behalf of DCAS. I hereby authorize Davidson County and DCAS to use any photographs or video of me in its possession for public relations purposes.

All information concerning animals, clients, staff, financial data, business records and employees is confidential. No information about donors, patrons, or other volunteers may be released without specific authorization. Failure to maintain confidentiality may result in termination of the volunteer relationship with DCAS and/or personal liability.

All media inquiries are to be referred to the Director. These include inquiries pertaining to public complaints/incidents, as well as routine matters such as requests for interview, response to press release information, or special events.

Volunteers are subject to immediate dismissal if they engage in any activity which might be construed as sexual harassment or any use of DCAS's name, equipment or materials for any illegal, unauthorized or unethical purposes. Any volunteer who observes another volunteer or staff member engaged in unethical or illegal activity should immediately report the activity to the Director.

A DCAS volunteer shall not take any action that would result in the volunteer's financial benefit or the benefit of his immediate family members. Volunteers will not ask for or receive for themselves or for a member of their household or family, directly or indirectly, any monies or gifts from the DCAS or from the community. Any potential conflict of interest by a volunteer should be disclosed to the Director.

DCAS reserves the right to reject any volunteer for any reason, which the DCAS, in its sole judgement, determines will or may affect the best interests of the DCAS and Davidson County. Furthermore, the DCAS and Davidson County reserves the right to withhold the reason(s) for such refusal. **Volunteer service is at the discretion of the DCAS. Volunteers agree that the DCAS may at any time, for any reason, decide to terminate the volunteer's relationship with the DCAS.**

Volunteers may at any time, for any reason, decide to sever the volunteer's relationship with the DCAS. Notice of such decision should be communicated as soon as possible to the DCAS.



I have read and fully understand the foregoing, and I do hereby, of my own free will, execute the Liability Release and Acknowledgement and Assumption of Risk Statement.

This the _____ day of _____, 20_____.

Signature _____

If under age 18, Parent/Guardian signature required:

Parent/Guardian Name Signed _____

Parent/Guardian Name Printed _____

Parent/Guardian Phone Number _____

Witness: (DCAS Director or Employee):

Date approved _____