



For office use only

Trained _____ By _____

TAB _____ Date _____

VOLUNTEER APPLICATION

Welcome to the Animal Shelter of Northeast Nebraska! Please take a few minutes to read and complete this application. Please answer each question completely and honestly. We **will not** process incomplete applications so please do your best to answer all of the questions on this application. The information you provide is confidential and will not be used for any other purpose.

In order to be considered as a volunteer, you must:

- Be at least 12 years of age (to volunteer without a parent or guardian present)
- Have transportation to and from the shelter
- Abide by all rules and regulations set forth by the Animal Shelter of Northeast Nebraska

*****PLEASE PRINT LEGIBLY*****

Name _____ Age _____

Address: _____ Apt/PO _____

City: _____ State: _____ Zip Code: _____

Phone _____ Email _____

Emergency contact name and phone number _____

Circle all that apply

How did you hear about us? **Radio** **TV** **Newspaper** **Social Media** **Online** **Friend** **Other** _____

Are you willing to commit to a regular volunteering schedule? **YES** **NO**

Do you prefer to volunteer in the mornings or the afternoon? **Morning** **Afternoon**

Have you ever been convicted of a crime? **YES** **NO**

If yes, please explain _____

Do you have any physical limitations that we need to know about? **YES** **NO**

If yes, please explain _____

Circle all that apply

What volunteer job(s) are you interested in doing? **Cat Cuddler** **Dog Walker** **Animal Enrichment**

Animal Husbandry **Community Events Help** **Animal Transport** **Office Support**

Obedience Training Support **Grounds Maintenance** **Animal Bather** **Adoption Support**

Custodial Work **Veterinary Care Assistance (requires previous experience)** **Greeter**

Please read the following CAREFULLY and initial each point.

I understand that if my application is not approved, it is not for reasons of personal bias, but for the welfare of the animals and part of the policy set forth by the ASNN's board of directors.

Volunteers may only show visitors around the public areas of the building during normal business hours.

An up-to-date Tetanus vaccine is recommended in the event that you are bitten or scratched. The vaccine may be obtained by your physician **at your own expense**.

Volunteers will keep all ASNN matters confidential. This includes refraining from speaking with any type of media unless you have received approval from the Shelter Manager or PR Manager. A breach in confidentiality is a serious infraction and will result in termination of your participation as a volunteer with the ASNN.

Volunteers who are minors (under 19) are not allowed to bring others who are not registered volunteers. This includes friends, children and relatives.

Children under the age of 12 are not allowed to volunteer without a parent or guardian present. The parent/guardian must be a registered volunteer who is at least 19 years of age.

Minors between the ages of 12 and 19 may be required to have a parent or guardian present if deemed necessary.

Signature

Date

Accident Waiver and Release of Liability Agreement

I acknowledge that volunteering with the Animal Shelter of Northeast Nebraska (hereinafter ASNN) carries with it the potential for serious injury and/or property loss. The risks include, but are not limited to, those caused by terrain, facilities, temperature, weather, actions of other people (including staff and other volunteers) as well as the animals under the care of the ASNN. I hereby assume all of the risks of participating and/or volunteering with the ASNN. I realize that the liability may arise from negligence or carelessness on the part of the persons or entities being released, from dangerous or defective equipment or property owned, maintained or controlled by them or because of their possible liability without fault. I certify that I am physically fit and able to volunteer at the ASNN.

I acknowledge that this Accident Waiver and Release of Liability form will be used by the ASNN in the events in which I may participate and that it will govern my actions and responsibilities at said events as well as my time volunteering at the shelter itself.

In consideration of my participation in the activities of the ASNN, I hereby take the action for myself, my executors, administrators, heirs, next of kin, successors, and assigns as follows:

- A) Waive, release and discharge from any and all liability for my death, disability, personal injury, property damage, property theft or actions of any kind which may hereafter accrue to me, the ASNN, its directors, officers, employees, volunteers, representatives, and agent; and
 - B) Indemnify and hold harmless the entities or persons mentioned in this paragraph from any and all liabilities or claims made by other individuals or entities as a result of my actions during this event.
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Signed _____

Printed name _____

Parent/Guardian Signature (if applicable) _____

Date _____

*****The Animal Shelter of Northeast Nebraska reserves the right to decline any volunteer application for any reason. This may include, but is not limited to, any area where there is a conflict of interest or incomplete application.**