

MIDDLESEX COUNTY ANIMAL CONTROL

2840 GENERAL PULLER HWY

SALUDA, VIRGINIA 23149

(804) 758-2779

Volunteer Application

(Print Please)

Name: _____ Nickname: _____

Mailing Address: _____

Physical Address: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact Person: _____

Contact Person Home Phone: _____ Cell/Work Phone: _____

Animal Care Experience: _____

Other Skills: _____

Type of volunteer job desired: _____

Volunteer Acknowledgement

I have read, understand and agree to the Volunteer Guidelines set forth by Middlesex County Animal Control. I fully understand and agree that I am providing my services in a volunteer capacity without any expressed or implied promise of salary or employment benefits. I agree to perform my volunteer duties to the best of my ability and adhere to the Guidelines. I further understand that my volunteer involvement may be terminated for reasons including, but not limited to, those outlined in the Guidelines.

I recognize that working with animals places me at physical risk and I agree to assume that risk. I realize that although Middlesex County Animal Control has taken all reasonable measures to protect me, accidents and injuries may still occur. Therefore, I hereby completely release and entirely discharge Middlesex County Animal Control from any and all claims and causes of action of negligence or gross negligence that I or another might have or bring relating to or arising from any injury or damage that I should sustain while assisting Middlesex County Animal Control or in connection with my volunteer work for Middlesex County Animal Control.

I affirm that I have never been convicted of animal cruelty, neglect, or abandonment in this or any other jurisdiction. I certify that I will update this statement as changes occur.

Name (printed) Signature Date

Volunteer Job(s) Assigned

Chief of Animal Control, or Designee Date

(A copy of this signed form will be given to the Volunteer.)