FLORENCE • ANIMAL CONTROL

Vinny Grosso
ACO Supervisor

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Florence-Lauderdale Animal Shelter Volunteer Form

Personal Information

Name_____

Address_____

Phone_____

Email_____

Emergency Contact Name_____

Emergency Contact Phone_____

Do you have any medical conditions or allergies that we should be aware of?

_____

_____

Volunteering at The Florence-Lauderdale Animal Shelter

The Florence-Lauderdale Animal Shelter requires volunteers to make the commitment of working one shift (lasting 3 hours) each week. Volunteers in good standing may stay as long as they'd like while an employee or senior volunteer is present. Volunteers under the age of 16, must be accompanied by a parent or guardian for a minimum of 3 months, or until such time we are able to assess his or her ability to work independently. No children under the age of 10 may volunteer.

Availability

Week Days (specify)_____

____Mornings (9-12) ____Afternoons (12-3) ____Evenings (2-5)

Saturdays

____Mornings (9-12) ____Afternoons (12-3) ____Evenings (2-5)

Sundays

____Mornings (9-12) ____Afternoons (12-3) ____Evenings (2-5)

APPLICANT'S AGREEMENT

In signing this application, I understand and agree to the following:

- I agree to abide by the policies and procedures presented to me during the course of my volunteer activities. I understand that I am responsible for reviewing all the materials given to me at orientations and training's.
- I understand that the goal of volunteering is to engage and educate the public on the mission & philosophy of FLAS and my actions should always further this goal. I understand that I can and should always seek guidance if I am ever unclear about the mission, philosophy or practices of FLAS.
- I authorize the FLAS to seek emergency medical treatment in case of accident, injury, or illness. If I am injured while acting as an unpaid member of the volunteer staff, I am not covered by FLAS insurance carrier.
- I understand that if I am injured while acting as an unpaid member of the volunteer staff that I am not covered by Alabama state workers' compensation law.
- I understand that FLAS welcomes & relies upon volunteer feedback. If I am ever in disagreement with any philosophy, policy or practice of FLAS.
- I agree to use the appropriate, established communication channels to share my concerns or feedback in order to eliminate miscommunication or redundant efforts. The channels are, in order: 1) Communicate first with either the Volunteer Coordinator or other staff member 2) If you feel your concern was not addressed at this level, you should then communicate it directly to the Executive Director. 3) Finally, if your concern remains unaddressed, you should bring it to Mayor Haddock's attention.
- I know that as a FLAS volunteer, I represent the shelter, and I promise not to engage in any activity - whether physical, verbal or written - that may cause harm to the reputation of FLAS. I agree to be a role model for the humane treatment of animals, at home as well as while working with the shelter animals.
- I understand that FLAS records or discussion regarding previous and new pet owners are to be kept confidential.
- I understand that if I am bitten or witness a bite, it is my responsibility to report the bite immediately to either the Volunteer Coordinator or a staff member. It is the law to report any bites where the skin may be broken. Failure to report may result in termination from the FLAS' volunteer program.

- I agree to accept supervision and support from the FLAS staff and understand that they will provide me with feedback to insure my safety or to help me perform my volunteer duties most effectively.
- I agree to conduct myself in an appropriate and professional manner while volunteering for FLAS, following & publicly supporting FLAS philosophies, policies and practices.
- I understand that failing to observe the above agreements along with the policies and procedures of FLAS could result in my dismissal from the volunteer program.

Date_____ Signature_____

PARENTAL CONSENT (Required for volunteers under 18 years of age)

I, _____, the parent/legal guardian of _____, consent to his/her participation as a volunteer with The Florence-Lauderdale Animal Shelter. We acknowledge that the activities that he/she will participate in may include, but are not limited to, the handling of animals. We, on behalf of ourselves and the volunteer, take responsibility for and expressly assume any and all risks associated with the volunteer's participation in Humane Society activities and further agree to indemnify The Florence-Lauderdale Animal Shelter and hold it harmless for and from any losses it may incur as a result of his/her participation.

_____ _____

Date Signature of Parent/Legal Guardian