



Environmental Services

Tel 919 212 7387
Fax 919 250 4424

Animal Care, Control & Adoption Center
820 Beacon Lake Drive • Raleigh, NC 27610

VOLUNTEER APPLICATION AND PROFILE

The purpose of the Wake County Animal Care, Control & Adoption Center is to provide a safe community for both our citizens and pets, and to promote responsible ownership for our domestic animals through education and enforcement.

We encourage volunteer participation of those people who have a desire to support our purpose and are willing to be trained. We request a minimum commitment of six (6) hours per month for a minimum of three months of volunteer participation due to the training involved. The information provided by completing this profile will enable us to direct you towards the most appropriate, rewarding volunteer opportunity. Please be sure the entire application and to sign and date the proper waiver. Thank you!

PLEASE PRINT, except where signature is required.

Name: (Last Name) (First Name) (MI)

Home Address: (Street Address) (City) (State) (Zip Code)

Home Phone #: Work Phone #:

Email Address:

When is the best time to reach you?

Birth Date: (MM/DD/YYYY)

In case of emergency, contact: (Contact Name) PLEASE PRINT

(Contact Phone #, include area code)

- How did you hear about our volunteer opportunities?
What is your primary interest in volunteering at the Adoption Center?
Do you have previous experience working with animals?
YES NO

- If yes, list any relevant experience (please include any pets you may currently have)

- What are your hobbies, special interests, skills or training? _____

- Are you presently employed? ____ YES ____ NO
- If yes, what type of work do you do? _____

- Did your employer encourage you to seek community involvement?
____ YES ____ NO
- Are you a student? ____ YES ____ NO
- If yes, what is your current level of school? _____
- How many hours per week are you available to volunteer? _____
- Do you have previous volunteer experience? ____ YES ____ NO
- Please check any areas of interest you may have as a volunteer candidate.
____ SHELTER ASSISTANT ____ CLERICAL ASSISTANT ____ SPECIAL PROJECTS
- Do you possess a valid North Carolina driver's license?
____ YES ____ NO
- If you possess a valid driver's license, are you willing to use your vehicle to transport animals (in carriers) as part of your work for the Adoption Center?
____ YES ____ NO

AS A VOLUNTEER FOR THE WAKE COUNTY ANIMAL CARE, CONTROL & ADOPTION CENTER, I FULLY UNDERSTAND THAT THE ADOPTION CENTER DOES NOT PROVIDE VOLUNTEERS WITH MEDICAL, WORKER'S COMPENSATION, OR AUTOMOBILE LIABILITY INSURANCE COVERAGE.

(Volunteer Signature)

(Date)

REFERENCES:

(Name)

(Relationship)

(Contact Number)

(Name)

(Relationship)

(Contact Number)

- Have you ever been convicted of a crime excluding traffic offenses and juvenile adjudications? ____ YES ____ NO
- If yes, please explain: _____

I CONFIRM THAT ALL INFORMATION SUPPLIED ON THIS PROFILE IS TRUE AND CORRECT. I ALSO ACKNOWLEDGE THAT THE WAKE COUNTY ANIMAL CARE, CONTROL & ADOPTION CENTER RETAINS THE RIGHT TO TERMINATE MY VOLUNTEER INVOLVEMENT AT ANY TIME AT THE DISCRETION OF THE DIRECTOR, VOLUNTEER COORDINATOR, OR SHELTER MANAGER.

(Applicant's Signature)

(Date)



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CRIMINAL RECORD CHECK AUTHORIZATION

I, _____, HEREBY GIVE MY FULL CONSENT TO HAVE A CRIMINAL RECORD CHECK DONE RELATIVE TO MY VOLUNTEER APPLICATION WITH WAKE COUNTY ANIMAL CARE, CONTROL & ADOPTION CENTER. I UNDERSTAND THAT THE RESULTS OF THIS CRIMINAL BACKGROUND CHECK MAY BE USED IN DETERMINING MY VOLUNTEER STATUS.

(Applicant Signature)

(Date)

(Applicant Printed Name)

(Witness Signature)

(Date)

(Witness Printed Name)

FOR OFFICE USE ONLY

Criminal Records Check received on _____.
(date)

Received by: _____
(Wake County staff – printed name)



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**VOLUNTEER RELEASE FORM FOR MINORS (17 years old or younger)
PARENTAL CONSENT REQUIRED**

I, _____, being the parent or legal guardian of _____ (the "Minor") hereby consent to and authorize the Minor to act as a volunteer for the Wake County Animal Care, Control & Adoption Center (the "Shelter").

I acknowledge and agree that activities performed by the Minor as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation, or benefits. I agree and understand that the Minor must comply with the rules and regulations established from time to time by the Shelter and that failure to do so may result in the Minor's immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by the Minor as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by the Minor at the Minor's risk and I assume full responsibility therefore.

I understand that public relations is an important part of volunteering at the Shelter. I consent to and authorize the Shelter to use any photographs taken of the Minor for public relations.

On behalf of myself, the Minor, and our respective heirs and personal representative, I agree not to hold or attempt to hold the Shelter or Wake County, their officers or employees responsible for any injury or damage sustained or incurred by the Minor arising out of or in any way connected with the Minor's activities as a volunteer for the Shelter and hereby release and discharge the Shelter and the County of Wake, their officers and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by the Minor.

(Signature of Parent/Legal Guardian)

(Date)

(Printed Name of Parent/Legal Guardian)

(Signature of Volunteer Coordinator or Designee)

(Date)

(Printed Name of Volunteer Coordinator or Designee)



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**VOLUNTEER RELEASE FORM
FOR ADULTS (18 years old or older)**

I, _____, agree to act as a volunteer for Wake County Animal Care, Control & Adoption Center (the "Shelter"). I acknowledge and agree that activities performed by me as a volunteer will be performed strictly on a voluntary basis, without any pay, compensation or benefits, including without limitation, worker's compensation benefits. I agree to comply with the rules and regulations established from time to time by the Shelter and understand my failure to do so may result in my immediate removal as a volunteer.

I am aware of the nature of the activities to be performed by me as a volunteer and recognize that in handling animals and performing other volunteer tasks, a risk of harm, injury, illness or disease exists, including physical harm, illness or disease caused by animals. I agree that all volunteer activities are to be performed by me at my risk and I assume full responsibility therefore.

I understand that public relations is an important part of volunteering at the Shelter. I consent and authorize the Shelter to use any photographs taken of me for public relations purposes.

On behalf of myself, my heirs and personal representative, I agree not to hold or attempt to hold the Wake County Animal Care, Control & Adoption Center, their officers or employees responsible for any injury or damage sustained or incurred by me arising out of or in any way connected with my activities as a volunteer for the Shelter and thereby release and discharge the Shelter and County of Wake, their officers and employees from any and all claims, demands, causes of action of any nature or cause, for any such injury or damage incurred or suffered by me.

(Signature of Volunteer)

(Date)

(Printed Name of Volunteer)

(Signature of Volunteer Coordinator or Designee)

(Date)

(Printed Name of Volunteer Coordinator or Designee)



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RELEASE AND INDEMNITY AGREEMENT

WHEREAS, the undersigned has voluntarily elected to work at the Wake County Care, Control & Adoption Center; and

WHEREAS, the undersigned desires to do so at his/her own risk and recognizing the possible and inherent danger to her/her person and property resulting therefrom; and

NOW, THEREFORE, in consideration of the promises and other valuable consideration, the undersigned does hereby, for himself/herself, his/her spouse, heirs, executors or administrators, and personal representatives:

- a. Assume full responsibility for any personal injury or any damages to his/her person or property which may occur, directly or indirectly, while in, on, or about the Wake County offices or any part of the Wake County Courthouse, or while accompanying any employee of the County of Wake while in the performance of their duties; excepting injury or damage of property which may arise out of negligent or intentional acts or omissions of Wake County and its employee or agents; and
- b. Fully and forever release and discharge the County of Wake, its agents and employees from any and all claims, demands, damages, rights of actions, or causes of actions, present or future, whether the same be known, anticipated or unanticipated, resulting from or arising out of the undersigned being in, on, or about any such County vehicle, or any or all of the premises or places aforesaid; or while accompanying any employee of the County of Wake as aforesaid, excepting those matters which may arise out of the negligent or intentional acts or omissions of Wake County and its employees or agents; and
- c. To the extent not covered by insurance, indemnify and hold harmless the County of Wake, its agents and employees, for acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on, or about any such County vehicle, or at any or all of the premises and places aforesaid, or while accompanying any such employee as aforesaid; excepting those negligent or intentional acts or omissions of Wake County and its employees or agents; and
- d. Agree to defend and to pay any attorney's fees as a result of any action brought by or against the County of Wake, its agents and employees, for any acts or conduct of the undersigned of whatever kind or nature whatsoever, while in, on, or about any such County vehicle, or at any or all of the premises or places aforesaid, or while accompanying any such employee as aforesaid; and
- e. Agree that it is the intent of the undersigned that this Release and Indemnity Agreement be in full force and effect at any time after the execution thereof; and
- f. The undersigned has been clearly informed of the possibility of contracting rabies from the stray population that is impounded at the Wake County Animal Care, Control & Adoption Center. If they choose to handle these animals, the undersigned recognizes the inherent danger to their person.

NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIPCODE: _____

HOME PHONE #: _____

DATE OF BIRTH: _____

* * * * *

SIGNED AND DATED THIS _____ DAY OF _____, 20____, AT _____
O'CLOCK.

(Signature of Applicant/Volunteer)

(Applicant/Volunteer Printed Name)

WITNESS:

(Signature of Witness)

(Witness Printed Name)

(Witness Title)

PARENT/LEGAL GUARDIAN (if Minor):

(Parent/Legal Guardian Signature)

(Parent/Legal Guardian Printed Name)

EMERGENCY TELEPHONE NUMBER: _____