

Town of Saugerties Animal Shelter
1765 Rte. 212,
Saugerties, NY 12477
Elly Monfett Shelter manager

For more information on
volunteering at our shelter
email
gmonfett@hvc.rr.com

Name _____
Address _____
City _____ State _____ Zip _____
Email _____
Phone _____

Volunteer Agreement and Release of Liability

My signature below indicates that I have read, understand and agree to the following:

1. I agree to be a volunteer for The Town of Saugerties Animal Shelter. I further agree to provide 48 hour notice to the volunteer coordinator in the event that I can no longer serve as a volunteer.
2. I will abide by the following Town of Saugerties volunteer policies and procedures:
 - a. Dogs will be walked separately and individually, on a leash at all times.
 - b. Dog Walkers will exercise due care and supervision of the dog under their control whenever people, in particular children, and other dogs are in proximity to the shelter dog being walked or exercised.
 - c. Dog walkers will immediately inform a staff member of any behavioral problem observed or serious incident that arises while the dog is under their care.
 - d. Cats will be treated in a loving and humane way.
 - e. Kittens under 8 weeks will not be held or played with unless approved by a staff member.
 - f. Cats and kittens are not allowed to be loose in the shelter (except for our mascots)
 - g. **Do not feed any** of the shelter pets food or treats unless approved by a staff member
3. I understand and agree that the Town of Saugerties Animal Shelter website, internal files and records, including names and addresses of volunteers, donors, applicants, membership lists and similar data are the sole property of the Town of Saugerties, and that unauthorized disclosure of such information, its appropriation, changes or alterations to it may constitute a criminal offense.
4. I understand and agree that the behavior of animals is unpredictable and that some animals are capable of inflicting serious personal injury or death, as well as significant property damage. I acknowledge that while the Town of Saugerties Animal Shelter will take every reasonable precaution to minimize the potential of danger posed by the animals under its care, it is never possible to guarantee the temperament and/or behavior of any animal at all times and under all circumstances. I therefore agree that if I choose to walk, handle, or care for any shelter pet, I will do so at my own risk.
5. I understand and agree that if I fail to comply with the terms of this agreement or am otherwise unable to meet the Volunteer Program requirements, I will be terminated from the Program. I further understand that I may at any time with or without cause be removed from my position as volunteer at the sole discretion of the Town of Saugerties Animal Shelter.
6. I hereby agree and release, indemnify and hold harmless the Town of Saugerties and its Animal Shelter, its Officers, Directors and Agents from any and all claims, damages and liability arising from or related to my activities as a shelter volunteer.

I REPRESENT THAT I AM OVER SIXTEEN YEARS OF AGE AND ACKNOWLEDGE THAT I HAVE READ THIS AGREEMENT CAREFULLY AND I FULLY UNDERSTAND ITS CONTENTS AND IMPLICATIONS. I AM AWARE THAT THIS IS A WAIVER AND RELEASE OF LIABILITY AND INDEMNITY AGREEMENT, AND THAT IT IS BINDING AND ENFORCEABLE BY LAW. IF I AM UNDER THE AGE OF 18 I MUST HAVE A PARENT COME WITH ME WHILE I AM VOLUNTEERING. PARENT WILL NEED TO SIGN THIS FORM ALSO .

Signature _____ Date _____

Print Name _____

Shelter Staff Member _____ Date _____

Name & Title _____

VOLUNTEER AGREEMENT

As Volunteer at the Town of Saugerties Animal shelter I agree to the following terms and conditions and know that I am legally bound to follow them.

I understand that the Town of Saugerties Animal Shelter can deny volunteer applications for any reason at any time.

1. Employee working at the shelter is in charge. Questions should be referred to them.
2. Shelter Business is shelter business. We expect that you will not gossip or treat others that work, volunteer, or visit with disrespect. If you have an issue with someone at the shelter, call the Shelter manager or the Town supervisor to discuss.
3. We request that you not take pictures of the shelter pets unless you have permission by the shelter manager.
4. Do not bring friends, guests, siblings or children when you come to volunteer. Every Volunteer must fill out an application and be approved.
5. Adoptions are facilitated by designated employees **ONLY**. Volunteers can hand out adoption forms which can be filled out and left at the shelter or returned at a later date.
6. If you have a committed to volunteer on a certain day or time and cannot come at those set times please contact the Shelter manager.

I understand the risk of being scratched, bitten, injured or frightened by cats , kitten, dogs or puppies in connection with the volunteer work for the town of Saugerties animal shelter. The Town of Saugerties and the Town of Saugerties animal shelter are not liable for any injuries, damage, liabilities, judgments, costs or expenses which may occur in connection with the performance of my volunteer activities.

I have truthfully completed this volunteer application:

Signature: _____ Date: _____
Print Name: _____

If under 18, parental permission signature: _____

OFFICE USE ONLY:

Application accepted: YES NO

COMMENTS: _____

Days –Hours scheduled: _____

Signature of Shelter Official: _____

Town of Saugerties Animal Shelter
1765 Rte 212
Saugerties NY 12477
Shelter Manager: Elly Monfett – 845-679-0339

Thank you for your interest in volunteering at the Town of Saugerties Animal Shelter. Please read and fill out this application completely.

Date: _____

Name: _____

Address : _____ State: _____

Zip: _____

AM Phone: _____ PM Phone: _____

Age: _____ VOLUNTEERS 10-15 YRS OLD MUST BE ACCOMPANIED BY A PARENT.. (children under 10 can not be considered for volunteering due to insurance reasons)

Emergency Contact: _____

Name, address and Zip of employer: _____

Do you have health restrictions? _____ : if yes. Please describe. _____

Please list all pets you have at home: _____

What experience do you have training or caring for animals: _____

PLEASE CIRCLE ALL THAT INTERESTS YOU: Cats Dogs Dog walking
Cat socialization Special events Public relations Other: _____

What days and times are you available: _____

Please List 3 references (Name and phone Number) :

- 1.
- 2.
- 3.