



VOLUNTEER AGREEMENT

I, the undersigned volunteer, desire to do voluntary work for the Animal Control Division of the McHenry County Department of Health, subject to the rules of the Animal Control Division, as modified from time to time, and under the direction and control of the Animal Control Division staff.

In consideration of the opportunity afforded me to participate in the actual Animal Control problems and situations, the educational and other benefits received by me, and in recognition of the possible danger that I may voluntarily subject myself to, I hereby knowingly, freely and voluntarily assume all reasonable and foreseeable risks related to the Animal Control Volunteer Program, and do hereby agree to indemnify and hold harmless McHenry County Animal Control and McHenry County Department of Health and its agents, employees and volunteers, from and against, any and all claims, suits, actions, damages, expenses, judgments and costs, including reasonable attorneys fees, which may arise out of any injury or death of the undersigned's participation in the program and any activities related thereto. Further, I waive and release any and all rights against McHenry County Animal Control and McHenry County Department of Health and its agents, employees and volunteers that may arise out of any injury or death of the undersigned, which is, in any manner, connected with the undersigned's participation in the program and any activities related thereto.

I understand that at no time am I an employee or agent of McHenry County Animal Control, its agents, employees and volunteers, and that this agreement does not apply to the negligent acts of a third party. I also attest that I meet the requirement of being 18 years of age or older.

Signed this _____ day

of _____, _____

Volunteer's Signature

Volunteer's Name (printed)

Volunteer's Address

Witness

Volunteer's Contact Numbers

MCHENRY COUNTY DEPARTMENT OF HEALTH

Volunteer Application

Name _____ Date of Birth _____

Street Address _____

City/State/Zip _____

Home Phone _____ Work Phone _____

Cell Phone _____ Email _____

Why are you interested in becoming a volunteer at McHenry County Animal Control?

Please list any past and/or previous experience you have working with animals, including any volunteer positions you have held.

Are you allergic to anything? If yes, please specify.

Are there any medical and/or physical limitations in the type of volunteer work you can perform?

In case of emergency, whom should we contact?

Name _____ Relationship _____

Address _____

City/State/Zip _____

Day Phone _____ Evening Phone _____

Hours available for volunteering are Monday, Tuesday, Thursday, Friday 8:00am-4:30pm, Wednesday 8:00am-6:30pm, Saturday and Sunday 8:00am-2:30pm.

Volunteers need to commit to a specific schedule.

Please indicate the day(s) and time(s) that would work in your schedule.

DAY

TIME

Monday
Tuesday
Wednesday
Thursday
Friday
Saturday
Sunday

Volunteer Activities

Please indicate which volunteer opportunities you are interested in participating in. You may choose more than one:

- _____ Kennel and cage cleaning
- _____ Dog and cat socialization
- _____ Office work
- _____ Adoption Counselor

Dog Walkers

Only dogs designated for dog walking by MCAC staff will be permitted to leave the shelter for this exercise time.

Cat Caretakers

Cats are never to leave the confines of the shelter during their exercise or socialization time spent with the cat caretaker.