



**QACAS
Volunteer
Application**

Today's Date _____

First Name _____ Last Name _____

Address _____

City _____ State _____ Zip _____

PO Box _____ Phone # _____

Email _____

Are you over 18? Yes No

Emergency Contact _____

Relationship _____

Contact Phone # _____

Why do you want to volunteer with QAC Animal Services?

Check any that apply:

Community Service School Other: _____

Have you volunteered/been employed with any animal organization?

YES NO If yes, whom _____

Are there any types of animals that you are uncomfortable with or unwilling to handle?

YES NO If yes, describe: _____

Do you have any experience with animals?

When are you available to volunteer?

AM	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> R	<input type="checkbox"/> F	<input type="checkbox"/> Sa	<input type="checkbox"/> Sun
PM	<input type="checkbox"/> M	<input type="checkbox"/> T	<input type="checkbox"/> W	<input type="checkbox"/> R	<input type="checkbox"/> F	<input type="checkbox"/> Sa	<input type="checkbox"/> Sun

201 Clay Drive
Queenstown, MD 21658
410-827-7178

casey.jones@qac.org

Volunteer Agreement, Release and Waiver

As a volunteer for Queen Anne's County Animal Services, I agree to the following terms and conditions:

1. I agree to abide by the mission, rules, regulations, policies, and programs of QACAS at all times while serving as a volunteer.
2. I agree to be supervised by a QACAS manager and will work with all volunteers.
3. I will treat animals, other volunteers, and the general public in a positive, polite, and professional manner.
4. I understand that if I am 12-17 years of age I must be accompanied by a parent, guardian, or adult mentor at all times and I may not handle adult dogs or go into the kennel area. For children aged 12-16 the accompanying adult must also complete an application and attend training.
5. I have accurately and truthfully completed the Volunteer Application and Agreement to the best of my knowledge.
6. I understand that QACAS requires that I keep current my tetanus immunization. I further understand that QACAS recommends that any dogs and cats that I live with should be immunized by my veterinarian, if not already done so.
7. I hereby acknowledge and recognize the possible risk in working with animals and that it can lead to serious injury. I hereby understand and assume the responsibility of any and all liability and risk volunteering at QACAS. I hereby waive and release QACAS, its agents and representatives, from any and all claims which may accrue to me, my heirs, guardians, administrators, executors, or assignees, including my attorney's fees and court (collecting cost "claims") arising out of, or in connection with being a volunteer. I also grant permission to the QACAS and its authorized agents to use my name, image, and any other record of my participation.

Social media policies

- a. Don't let personal use of Twitter or other social networking sites interfere with volunteering.
- b. Volunteers must get company approval to use Social Media for any reason. Any use of the organization's name, trademarks, logos, animals or other property must be approved.
- c. Social Media may not disclose confidential information, anything negative about Queen Anne's County Animal Services, its staff or animals.
- d. Only animals available for adoption are allowed to be posted with permission by Queen Anne's County Animal Services Managers.

First Name _____ **Last Name** _____

Group (if applicable): _____

Signature: _____ **Date:** _____

Parent/Guardian Signature: _____ Date: _____

(if less than 18 years of age)