



Volunteer Application

Friends of Madera Animal Shelter
P.O. Box 923 • Madera, CA 93639

(559) 363-5106 • fmas.info • Find us on Facebook

Name: _____ Age: _____ Date: _____

Address: _____

City: _____ State: _____ Zip _____

Home Phone: _____ Work/Cell Phone: _____

E-mail: _____

Driver's License (if applicable): _____ Expiration Date: _____

Emergency Contact: _____ Phone: _____

How did you hear about us? _____

Are you at least 18 years or older? _____ Yes or _____ No

If under 18 years old, a parent signature is required: _____

Parent Guardian Phone: _____ Print name: _____

Are you volunteering for School or Community Credit? _____ Yes or _____ No

What hours are you available to volunteer? _____

**I am interested in the following
(check all that apply):**

- I am interested in transport driving
- I would like to be hands on with dogs
- I would like to be hands on with cats
- I want to help people adopt a shelter pet
- I want to photograph pets for adoption
- I want to help timid and shy animals.
- I want to walk shelter dogs
- I want to foster dogs
- I want to foster cats
- I want to foster bottle babies
- I want to help with the shot clinic
- I want to help with community outreach
- I want to help with paperwork
- I want to help with adoption events
- I want to help with fund raising
- I want to help with social networking
- I want to help organize volunteers
- I want to help pick up donations

**Please list any other interest you have
or any restrictions on fosters, hours
available or special skills you feel may
be usefule at the shelter etc...**



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VOLUNTEER AGREEMENT

I will abide by the policies set by Friends of Madera Animal Shelter and Madera County Animal Services. I will treat all animals respectfully and with care. I understand that Madera County Animal Services is an open admission facility and though the attempt is made to save as many animals as possible, euthanasia is a necessary part of the shelter. I will be polite and professional to all staff, other volunteers and the public at all times. I will wear appropriate attire when working with animals and the public at all times. Should there be any problems with an animal, staff person or the public, I will speak only to a supervisor or lead volunteer regarding the issue. I will speak in a positive manner regarding animal services at all times. I will volunteer during the times I have committed too and keep track of my volunteer time with my hour sheet. In addition I will do the job I am assigned to and stay in the area I am assigned to. I will not use my cell phone in front of customers, if phone calls are necessary please make them in a private location as a courtesy to others in the building and customers. Because my safety is paramount, safety protocols must be adhered to at all times and at all levels. I must have the ability to follow and execute written and verbal instructions from designated immediate supervisors and chain of command.

I agree to respect the confidential nature of some of the information I may obtain, I understand that my failure to follow the rules and policies of Animal Services Department may result in the termination of my services as a volunteer.

Signature: _____

Print Name: _____ Date: _____



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VOLUNTEER WAIVER

1. I, _____ agree to release, discharge, indemnify, and hold harmless Madera County Animal Services or Friends of Madera Animal Shelter for any and all damage to my personal property while performing my volunteer services at Animal Services in a volunteer capacity.
2. I recognize that in handling animals at Animal Services while performing my volunteer services, there exists a risk of injury, including personal physical harm. On behalf of myself, my heirs, my personal representatives and executors, I hereby release, discharge, indemnify and hold harmless Madera County Animal Services and/or Friends of Madera Animals Shelter, its agents, servants and employees from any and all claims, causes of action or demands, of any nature or cause connected with my Volunteer Agreement. This might include costs and attorney's fees and court costs incurred by Animal Services in connection with my volunteer services based on damages or injuries which might be incurred or sustained but are not limited to animal bites, accidents, injuries and personal property damage.
3. I understand that public relations are an important part of volunteering at Animal Services. I therefore agree on behalf of myself, my heirs, my personal representatives and my executors, to allow Animal Services to use any photographs taken of me for use in public relations efforts. Animal Services will use reasonable efforts to notify me before use, but such notification is not a condition of photographs being released for public relation purposes.
4. I acknowledge that I have read and fully understand the terms and conditions of the foregoing volunteer agreement and release and that I will comply with same.
5. A volunteer must be current on thier tetanus shot. Alternatively, the volunteer acknowledges that failure to acquire and remain current on tetanus vaccination may put the volunteer at risk and hereby agrees to hol harmless Friends of Madera Animal Shelter and/or madera County Animal Services, its directors, officers, agents, employees and volunteers from any responsibility or liability for any and all illness, injuries, or death as a result.

Volunteer Signature: _____ MCAS/FMAS Rep: _____

Print Name: _____ Date: _____

PERMISSION FOR THOSE UNDER 18 YEARS OF AGE TO VOLUNTEER

1. As a parent or legal guardian of the above-mentioned volunteer, I hereby give my consent to allow my child/ward to volunteer for Madera County Animal Services and/or Friends of Madera Animal Shelter as described within this volunteer agreement and release.
2. I have read this volunteer agreement and release and fully understand its terms and conditions. On behalf of my child/ward and myself, I agree to all terms and conditions as set out in the volunteer agreement and release.

Parent/Guardian Signature: _____ MCAS/FMAS Rep: _____

Print Name: _____ Date: _____