

Baltimore Animal Rescue and Care Shelter (B.A.R.C.S)

310 Stockholm Street

Baltimore, Maryland 21230

(410) 396-4688, (410) 783-6266 (fax)

TNR

Volunteer Application

Name _____ Date _____

Address _____

City _____ State _____ Zip _____

Home phone _____ Work Phone _____ Cell phone _____

E-mail _____ Date of birth (optional) _____

What languages do you speak? _____

Current Employer _____ Position _____

Work Reference name _____ Number _____

Are you volunteering for an internship, graduation requirement, community service, self-interest, other? _____

How long do you plan to volunteer? _____

Why do you want to volunteer here and what do you wish to accomplish? _____

Please list any special skills: _____

Do you have experience working with other people? Please explain: _____

Do you have public speaking skills or customer service skills? Please explain: _____

Do you have experience in animal behavior or with handling animals? Please list:



Please check ALL areas you would be interested in volunteering in:
You must be at least 18 years old to work directly with the animals.

Animal Care Volunteer:

- Transporter (Transports animals to vets, rescues, foster parents, events, etc)
- Lost pet locator (Assists with all lost pet calls and checks for matches)
- Greeter 1 (Assists with animal drop off procedures)
- Escort (Assists in adoption process, etc)
- Adoption counselor (Educates new pet owners and potential pet owners)
- Kennel caretaker (Assists in cleaning of kennels/dishes, feeding, observations, etc)
- Cat caretaker (Grooms, plays, socializes, etc)
- Dog caretaker (Grooms, plays, socializes, walks, etc)
- Trainer (Trains basic behaviors, etc)
- Foster parent (Houses an animal until adopted, etc)

Office Volunteer:

- Office assistant 1 (Assists Director of Animal Welfare Programs)
- Computer assistant (Assists with web page, enters data, creates files, etc)
- Office assistant 2 (Assists with general office duties)
- Greeter 2 (Greets guest at doorway and directs them to proper place)

Community programs Volunteer:

- Education (Creates educational programs, handouts, school programs, etc)
- Rabies clinic/licenses (Assists with forms, collection of money, education, etc)
- Events (Creates, runs, or assists in creating community/shelter events)
- Fundraising/ marketing/ graphic design

Other:

- Painting
- Landscaping
- Other _____

What days are you available? M___T___W___TH___F___SA___SU___

What hours are you available? _____

Reference Name _____ Number _____ Relation _____

Reference Name _____ Number _____ Relation _____

Volunteer applications are reviewed and applicants are called in for an interview. Selection of volunteers is based on the skills and interest of the volunteer, ability to work well with others, ability to demonstrate a commitment to the volunteer program, and current needs of the facility. Upon selection, a training class is required.

Applicants signature _____ Date _____

VOLUNTEER EMERGENCY CONTACT FORM

Name (print) _____ D.O.B. ____/____/____ Start Date ____/____/____

Address _____

Home Phone _____ Work Phone _____ Cell phone _____

Blood type _____ Medications _____

Allergies _____

Health Insurance Provider _____

Physician _____ Physician Phone Number _____

In case of an emergency contact:

Initial Contact: Name _____ Relationship _____

Work phone _____ Home phone _____ Cell _____

Alternate Contact: Name _____ Relationship _____

Work phone _____ Home phone _____ Cell _____

I recognize and acknowledge that working directly with animals entails inherent risks of injury to myself and or damage to my property. I also acknowledge that I have personal health insurance that will cover the cost of any injury sustained while conducting volunteer work. I understand that I am providing my health insurance information because worker's compensation does not cover any injuries sustained as a volunteer worker. I also understand that Baltimore City Animal Control and/or Baltimore Animal Rescue and Care Shelter (BARCS) are not liable for any personal injury or damage to my property that may occur from animal interactions or otherwise. I understand it is my responsibility to report all injuries or damage to the Director of Animal Welfare Programs. I do hereby waive any and all claims, which I might otherwise have against the above organizations. If I am unresponsive, I give staff members the permission to call appropriate authorities as well as the people I have listed as my contacts.

I also understand that in order to work directly with the animals, I must have an updated tetanus shot. Tetanus shots are offered to me at no cost through Animal Control. Rabies vaccines are also offered at cost. (See Rabies/Tetanus forms.)

Signature _____ Date _____

Confidentiality Agreement

Any information you may see or hear pertaining to Baltimore City's Animal Control law enforcement issues, records, or cases is confidential. In addition, the Baltimore Animal Rescue and Care Shelter information regarding adoptions, surrenders euthanasia, names, addresses, or any other private information is also confidential. This information may not be discussed with anyone aside from appropriate staff members. Volunteers are prohibited from discussing any confidential records, cases, or other issues with representatives of the media. If a volunteer fails to follow this agreement, the volunteer's position will be terminated immediately.

I understand the importance of the Confidentiality Agreement, and I will abide by it. If I have any questions concerning any of the above issues, I will report directly to the Director of Animal Welfare Programs. If I am approached by any media or concerned citizen, I will notify a Director immediately.

Print Name _____

Signature _____ Date _____

Witness _____ Date _____

Liability Waiver

If my clothing or other personal property becomes damaged and/or lost at Baltimore Animal Rescue and Care Shelter (BARCS) and Baltimore City's Animal Control, I assume full responsibility for repairing or replacing it, and I will not hold Baltimore Animal Rescue and Care Shelter (BARCS) and Baltimore City's Animal Control liable for these items.

I understand all of the safety procedures, and I take full responsibility for my actions. I will adhere to all safety protocols to the best of my ability. I will hold no one else accountable for my safety here. If I don't adhere to the safety protocols, I understand that my position as a volunteer will be terminated.

I understand that all animals are unpredictable in their behavior, and that there is a risk of injury involved when performing any activity with or near animals. I also understand that there is a risk of contracting and spreading disease to other animals and to people. I am aware of the procedures and policies to prevent contamination and injury.

If I become injured or ill as a result of working with/near, animals at BARCS, I will be totally responsible for my own medical expenses. In order to be a volunteer at BARCS I understand that I must be covered by a current and active health insurance policy. I waive any and all rights to sue or hold responsible in any way Baltimore Animal Rescue and Care Shelter and Baltimore City's Animal Control.

Health Insurance Name _____

Full Name (print) _____ Date _____

Signature _____

Volunteer Coordinator _____

8/31/09
LiabilityFormWLC

I Waive the right to have a rabies vaccine

I have read the first 2 pages of this form. I waive my right to have a rabies vaccination. I understand that since I am not rabies vaccinated, I am only allowed to interact with animals in the adoption program. I understand that these animals have been deemed adoptable due to their friendly behavior and apparent health. I will be responsible for communicating to the staff and other volunteers that I am not able to interact in any way with animals that are not in the shelters adoption program. I understand the inherent risks of working with animals (even those in the adoption program) and that I may contract a disease, illness, or injury in handling the animals. I am aware that the above list does not include all possible diseases or injuries that could occur. I am also aware that animals may harbor an illness for a long period of time before showing any symptoms. I understand that there is no medical history on the animals that come into the shelter. I also understand that in order to work with the animals, I must have an updated tetanus shot.

By signing my name below, I do hereby unconditionally release Baltimore Animal Rescue and Care Shelter and Baltimore City Animal Control including its employees, directors, agents, etc from any and all claims. I have read and fully understand the above information.

Name (print) _____ Signature _____ Date _____

Director Witness (print) _____ Signature _____

Last Tetanus shot _____ (attach a copy of proof)

OR

I am Rabies Vaccinated

I have read the first 2 pages of this form and agree to provide proof of a current rabies vaccine and tetanus shot to interact with the animals at the shelter. I understand the inherent risks of working with animals (even those in the adoption program) and that I may contract a disease, illness, or injury in handling the animals. I am aware that the above list does not include all possible diseases or injuries that could occur. I am also aware that animals may harbor an illness for a long period of time before showing any symptoms. I understand that there is no medical history on the animals that come into the shelter.

By signing my name below, I do hereby unconditionally release Baltimore Animal Rescue and Care Shelter and Baltimore City Animal Control including its employees, directors, agents, etc from any and all claims. I have read and fully understand the above information.

Name (print) _____ Signature _____ Date _____

Director of Animal Welfare Programs Signature _____

Last Rabies Vaccine _____ (attach copy of proof)

Baltimore Animal Rescue and Care Shelter Volunteer Agreement

I agree:

- To support the philosophy and mission of B.A.R.C.S. and Baltimore City Animal Control
- To follow all policies, procedures, and codes of the above organizations.
- To thoroughly read the volunteer manual and facility procedure manual
- To recognize the risks when working around animals
- To follow all commitments and expectations of volunteers
- To be a positive role model in the community on animal care
- To communicate clearly any problems or concerns I may have on any issue pertaining to volunteering or the facility
- To treat all people equally
- To care for all animals equally ☺

Name (print) _____

Signature _____

Date _____

Thank you for getting involved!

