



Mitchell County Animal Rescue Volunteer Application

Name: _____ D.O.B: _____

Address (also include mailing address if different):

Home Phone: _____ Cell: _____

Email Address: _____ DL #: _____

Occupation/Employer: _____ Work #: _____

In case of Emergency, notify: _____ Relationship: _____

Phone #: _____

Check below the types of volunteer jobs you would be interested in:

Dog Walking / Animal Socialization

Cleaning (Dish Washing / Laundry)

Animal Bathing / Grooming

Cleaning Kennels / Cages

Fundraisers / Events

Running Errands for Shelter

Office Duties (such answering phone, paperwork, etc.)

Please list any skills that would be helpful such as training, experience, etc.

Please list any restrictions that would affect your ability to consistently volunteer.

What made you want to volunteer here at MCAR?

** I hereby agree to accept a position as a volunteer worker for Mitchell County Animal Rescue. I agree that while working at the shelter I will comply with the rules and decisions of the Volunteer Coordinator. When I am serving as a volunteer for Mitchell County Animal Rescue, what I say or do reflects on the shelter as a whole. I understand that failure to do so may result in my immediate termination as a volunteer. ____ (Initials)

**We have a serious pet overpopulation problem in Mitchell County and a great number are surrendered to the shelter. Performing euthanasia (painless, humane death by injection) is a stressful job that nobody likes, but is one of the ways we deal with animals that are aggressive (those that cannot be rehabilitated) or sick (can't be treated). Are you comfortable with the fact that we perform euthanasia at this shelter? (NOTE: as a volunteer you will never witness euthanasia.) YES___ No ___

** Just a Reminder that when you work closely with animals, you can sometimes be bitten, scratched, or injured in another way. Your safety is our first priority. If this happens please let a staff member know immediately.

**In the course of my duties volunteering at MCAR I may be exposed to information such as names of animal owners, their contact information or donation information that should be kept confidential. I agree to keep any such information confidential. ____ (Initials)

Waiver and Release: I release MCAR and all of its employees, agents, and board members from any liability of any nature: whether or not the basis of such liability is presently known to either party. It is understood that I will not bring suit of any claims against MCAR, its employees, agents, board members, pet owners or adopters. This agreement shall be binding on all parties.

Signature: _____

Parent/Guardian Signature (If volunteer is under 18) _____