

LUCAS COUNTY CANINE CARE & CONTROL
Volunteer Application

Thank you for your interest in volunteering with Lucas County Canine Care & Control. Please fill out this application completely.

Name: _____ Email: _____

Address: _____ City, State, Zip: _____

Phone: _____ Alternate: _____ Are you 18 years or older? Yes No

Employer: _____ Work Phone #: _____

Can we contact you at work? Yes No

Emergency Contact: _____ Phone: _____

References (Please list as references people you have known at least two years and that are not related to you.)

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Relationship: _____ How long have you known this person: _____

Name: _____ Phone: _____

Address: _____ City, State, Zip: _____

Relationship: _____ How long have you known this person: _____

Why do you want to volunteer at the Canine Care Center? _____

Do you have any affiliation with any other animal shelters or animal groups? Yes No

If Yes, which organization(s)? _____

Do you have any special skills that could contribute to your volunteer activities (e.g. Bilingual, grooming, training, etc.)? _____

Please list any limitations on working with, or near, dogs: _____

Please describe any relevant dog experience: _____

What pets do you currently own? _____

Is your current pet(s) up-to-date on vaccines and licensed for the current year? Yes No

What do you think is the role served by Lucas County Canine Care & Control in the community? _____

Please describe any experience working with the public: _____

Please fill in times you may be available to volunteer. Different volunteer tasks will require different time commitments and hours.

Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday _____ Saturday _____ Sunday _____

Are you able to commit to a regular weekly volunteer schedule? Yes No

Have you had any formal education in pet care or animal welfare? Yes No

If so, please describe: _____

What types of volunteer work interest you?

(examples: walking or bathing dogs, preparing enrichment for dogs, helping with events, etc.)

Other information you wish to share: _____

I have accurately and truthfully completed this volunteer application. You have my permission to contact any person/entity

listed in this application for reference purposes.

Date: _____

Applicant Signature: _____

Printed Name: _____

Please return this completed Application to:

Lucas County Canine Care & Control
Attention: Volunteer Program
410 S. Erie St.
Toledo, Ohio 43604

Waiver of Liability, Assumption of Risk & Indemnity Agreement

Elective/Voluntary Activities Waiver

Waiver: In consideration of being permitted to volunteer in any way at the Lucas County Canine Care Center at 410 S. Erie St., Toledo, Ohio, I do hereby release, waive, discharge, and covenant not to sue The Board of Lucas County Commissioners (BLCC), its officers, employees and agents from liability from any and all claims including the negligence of The BLCC, its officers, employees and agents, resulting in personal injury, accidents, or illnesses (including death) and property loss arising from, but not limited to, volunteering with the Lucas County Canine Care & Control department.

Assumption of Risks: Participation in the Lucas County Canine Care & Control department carries with it certain inherent risks that cannot be eliminated regardless of the care taken to avoid them. The specific risks are dealing with animals that are unpredictable, in a stressful situation and may be vicious.

I have read the previous paragraphs and I know, understand, and appreciate these and other risks that are inherent in volunteering with the Lucas County Canine Care & Control department. I hereby assert that my participation is voluntary and that I knowingly assume all such risks.

Indemnification and Hold Harmless: I also agree, on behalf of the same above-referenced parties, to INDEMNIFY AND HOLD The BLCC HARMLESS from any and all claims, actions, suits, procedures, costs, expenses, damages and liabilities, including attorney's fees brought as a result of my involvement in volunteering with Lucas County Canine Care & Control.

Severability: The undersigned further expressly agrees that the foregoing waiver and assumption of risks agreement is intended to be as broad and inclusive as is permitted by the law of the State of Ohio and that if any portion thereof is held invalid, it is agreed that the balance shall, notwithstanding, continue in full legal force and effect.

Acknowledgment of Understanding: I have read this waiver of liability, assumption of risk, and indemnity agreement, fully understand its terms, and understand that I am giving up substantial rights, including my right to sue. I acknowledge that I am signing the agreement freely and voluntarily, and intend by my signature to be a complete and unconditional release of all liability to the greatest extent allowed by law.

Volunteer Name

Date

Address

Phone Number

AUTHORIZATION TO RELEASE INFORMATION
LUCAS COUNTY CANINE CARE & CONTROL VOLUNTEER PROGRAM

TO: ANY LOCAL, STATE OR FEDERAL LAW ENFORCEMENT AGENCY, ANY PAST EMPLOYER, PRESENT EMPLOYER, ANY GOVERNMENT AGENCY, OR ANY HUMANE SOCIETY

I, _____, have applied for employment with the Board of Lucas County Commissioners, Lucas County, Ohio. I am aware that my entire background is to be investigated thoroughly.

I hereby authorize and request release of any and all information you have concerning me, including but not limited to, my employment and criminal records, and any other records relating to achievement, attendance, personal history, or disciplinary records. I hereby authorize you to release this information upon request to the bearer of this document.

This release is fully executed with full knowledge and understanding that the information is for the official uses of the Board of County Commissioners, Lucas County, Ohio. Consent is hereby granted for the Board of County Commissioners, Lucas County, Ohio, to furnish this information as described in the above to third parties related to volunteer service with the Lucas County Canine Care & Control Department.

I hereby release you as the custodian of such records, including its officers, employees, or related personnel, both individually and collectively, from any and all responsibility of liability for damages of whatever kind which may at any time result to me, my heirs, family or associates because of compliance with this authorization and request to release information or any attempt to comply with it.

Full Name Signature

Today's Date

DOCUMENT CONTINUES ON REVERSE

