



York County Animal Shelter Volunteer Application

Thank You for your interest in volunteering at the York County Animal Shelter. Volunteers play a vital role within our organization. Without your support, we would not be able to fulfill our mission on a daily basis. We encourage the participation of volunteers who support and believe in our mission: *“York County Animal Shelter is dedicated to provide helpful animal services to all residents of York County, both humans and animals alike, and to provide care and comfort to all strays and unwanted pets.”*

Personal Information

Name ____/____/____ ____/____/____
Date of Birth Today's Date

Street Address City State Zip

Home Phone Cell Phone Email Address

Are you over 18 years of age? Yes____ No ____ (you must be 18 yrs. Old)

How did you hear about the volunteer program at the York County Animal Shelter? _____

Emergency Contact

Contact Name Daytime Number Relationship to Applicant

Areas of Interest (check below the types of volunteer jobs you would be interested in)

- | | | |
|--|--|---|
| <input type="checkbox"/> Adoption counseling | <input type="checkbox"/> Animal care (clean kennels) | <input type="checkbox"/> Clerical |
| <input type="checkbox"/> Bathing & Grooming | <input type="checkbox"/> Cat & Kitten Socialization | <input type="checkbox"/> Walking Dogs |
| <input type="checkbox"/> Dog Training | <input type="checkbox"/> Dog & Puppy Socialization | <input type="checkbox"/> Special Events |

Days of the week you will be available (check all that may apply, this does not mean you have to volunteer on those specific days each week)

- | | |
|---------------------------------------|---------------------------------------|
| <input type="checkbox"/> Monday AM | <input type="checkbox"/> Monday PM |
| <input type="checkbox"/> Tuesday AM | <input type="checkbox"/> Tuesday PM |
| <input type="checkbox"/> Wednesday AM | <input type="checkbox"/> Wednesday PM |
| <input type="checkbox"/> Thursday AM | <input type="checkbox"/> Thursday PM |
| <input type="checkbox"/> Friday AM | <input type="checkbox"/> Friday Pm |
| <input type="checkbox"/> Saturday AM | |

Agreement, Release of Liability, and Indemnification

This is to acknowledge that I, (print name) _____ (“Licensee”), am voluntarily providing my time and efforts, of varied nature and extent, to the York County Animal Shelter, and entering, participating with, interacting with, utilizing, and otherwise using (collectively herein “use”) the facilities and contents of the York County Animal Shelter including, but not limited to its property, building(s), kennel(s), run(s), housed animals, instruments, equipment, and other inventory (collectively termed herein “facilities”) as are located on 713 Justice Blvd., York South Carolina; and, **in consideration and exchange for the privilege and license to use the facilities, as a volunteer, for which I derive a unilateral personal benefit and value, I do hereby warrant and agree and bind myself, my representatives, my beneficiaries, my dependents, and my heirs and assigns to the terms and conditions herein expressed within this Agreement, Release of Liability, and Indemnification, as expressed more.**

_____ (initial)

I understand that my privilege and license to enter and use the facilities carries certain risks, such as, personal injury, property damage, disability, or death, and I hereby assume fully all risks from my use of said facilities as a volunteer.

_____ (initial)

In exchange for the privilege and license to enter and use the facilities, I do hereby release and forever hold harmless the York County Animal Shelter, the York County Animal Control which runs the York County Animal Shelter, the York County Public Works Department which runs and oversees the York County Animal Control, and York County, of which the Public Works Department is a subdivision, and their respective personnel, officers, management, employees, servants, agents and assigns (collectively herein “County”) from any injury, disability, death, damage to my person or property, and from any other claim, which may arise from or during my use of the facilities.

_____ (initial)

In consideration and exchange for the privilege and license to enter and use the facilities, I agree that neither I, nor my representatives, beneficiaries, dependents, or heirs and assigns will make a claim for injury, damage, disability, or death which may result from the negligence or other acts, however caused, by County, and any and all claims of negligence, whether causing injury, property damage, disability or death that may result from my use of the facilities.

_____ (initial)

Furthermore, in consideration and exchange for the license from County to enter and use the facilities, I agree to indemnify and hold County harmless for any injury, loss, damage or liability which the County may incur due to my use of the facilities.

_____ (initial)

(Licensee’s signature for page one)

I acknowledge that my use of the facilities is for my own benefit, is voluntary, and is personal, and is not assignable to any one or any group for any reason.

_____ (initial)

My use of the facilities is not within the scope of any employment relationship between the County and myself. I will not be compensated in any form for my time spent at the facilities or my efforts expended within the facilities.

_____ (initial)

I understand and acknowledge that it is my responsibility not to exceed any guidelines that my physician or other health care provider has established or may establish for me. I understand and acknowledge that it is solely my responsibility to determine through consultation with my personal physician what my physical limitations are or may be and whether I should or should not use the facilities.

_____ (initial)

I warrant that as of the date of this signing that I currently have sufficient health, disability and life insurance as determined by me or my advisors to cover me, my spouse, my children, my beneficiaries, my dependents, and my heirs and assigns, in the event of any injury, disability, damage, or death which may result to me from my use of the facilities. Moreover, I fully assume any and all risk for any lapse in or insufficiency of coverage in said health, disability, and life insurance in the event of my injury, disability, damage, or death resulting from my use of facilities.

_____ (initial)

I acknowledge and understand that my license to enter and use the facilities confers no rights upon me from the County, and that my personal privilege and license to use the facilities may be terminated at any time by County for any reason or for no reason at all and without notice to me.

_____ (initial)

I understand and agree that if any portion, that is, word, phrase, sentence, and/or paragraph, of this Agreement, Release of Liability, and Indemnification shall be held invalid under the laws of the State of South Carolina and that the part or parts of the Agreement, Release of Liability, and Indemnification that are not held invalid shall continue in full force and effect.

_____ (initial)

By signing this document, I agree to abide by any and all Federal, State, and County laws, regulations, rules, and ordinances that may apply to me, to the facilities, or to the use of the facilities.

_____ (initial)

I am aware that this Agreement, Release of Liability, and Indemnification is a contract between myself and County intended to protect the County to the fullest extent possible in my relationship with the County from any and all claims for injury, damage, disability, and death, or any other claim, which I, my representatives, my beneficiaries, my dependents, and my heirs and assigns (collectively or independently) may make and which may arise out of my use of the facilities.

_____ (initial)

(Licensee's signature for page two)

I state that I am of lawful age and legally competent to sign this Agreement, Release of Liability, and Indemnification.

_____ (initial)

I understand and agree that the Laws of the State of South Carolina shall govern this Agreement, Release of Liability, and Indemnification.

_____ (initial)

I am further aware that this document will be used as a defense to any and all claims resulting from my use of the facilities brought by me, my dependents, heirs and assigns, my beneficiaries, or my representatives: I understand that the terms herein are material and not a mere recital; and, I hereby sign and initial this Agreement, Release of Liability, and Indemnification, of my own free will, with full knowledge and understanding of its contents and effects.

_____ (initial)

By signing below, I warrant that I have carefully read this Agreement, Release of Liability, and Indemnification, and fully understand its contents and effects. I further warrant that my initials by each paragraph are of significance and are intended to provide a further indication of my reading and understanding of the contents stated within the individual paragraphs and the three pages of this Agreement, Release of Liability, and Indemnification.

_____ (initial)

Date: _____ Licensee: _____
(Signature)

Licensee: _____
(Print name)

Print Address of Licensee: _____

Date: _____ Witness: _____