



Ontonagon County Animal Protection (OCAP)

19504 State Hwy. M-38 / PO Box 315

Ontonagon MI 49953

(906) 884-2500

Volunteer Application

"The best way to find yourself is to lose yourself in the service of others." ~ Mahatma Gandhi

DATE: _____

PERSONAL INFORMATION:

First Name: _____

Last Name: _____

Physical Address: _____

Mailing Address: _____

Home Phone: _____

Cell Phone: _____

Text Enabled? Yes No

Work Phone: _____

Email Address: _____

Best time of day to reach you: _____

Do you have a Facebook Account? (to receive dog dept updates / notices) Yes No

If yes, under what name: _____

AGE AND OTHER REQUIREMENTS:

Are you over age 18: Yes No If no, what is your age? _____ D.O.B. _____

If you are under age 18, you must bring your parent / guardian to complete liability waiver and you must be accompanied by an adult volunteer during each volunteer shift. Adult can be a parent or reliable adult friend, but must also complete an application to volunteer (if not already an established OCAP volunteer).

Are you interested in volunteering to satisfy a community service requirement: Yes No

If Yes, what is the reason for that requirement?

School - Name of School: _____

DHS Program - Name / Number of Supervisor: _____

Court Ordered - Offense: _____

BACKGROUND & INTERESTS:

Why are you interested in becoming an OCAP Volunteer? _____

Have you been around dogs? Yes No

Have you been around cats? Yes No

Describe any previous experience working with pets. _____

AVAILABILITY:

How often are you interested in volunteering in a week? _____

Which animal department do you have interest in working? Cats Dogs Both

Please check the shifts you are available for within your desired department(s):

CATS:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
10 am							
6 pm							

DOGS:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
6 am							
11 am							
5 pm							
10 pm							

EMERGENCY CONTACT:

First Name: _____ Last Name: _____

Home Phone: _____ Cell Phone: _____

Relationship: _____

REFERENCES:

Please list three adult references, not relatives:

First Name: _____

Last Name: _____

Phone Number: _____

Best time to call: _____

First Name: _____

Last Name: _____

Phone Number: _____

Best time to call: _____

First Name: _____

Last Name: _____

Phone Number: _____

Best time to call: _____

VOLUNTEER AGREEMENT:

By signing this application, you hereby accept the Terms and Conditions as a Volunteer for Ontonagon County Animal Protection (OCAP).

Terms & Conditions:

1. My services to OCAP are provided strictly in a voluntary capacity.
2. I understand that OCAP is a drug free zone and that I will not attend a shift under the influence of any substance or prescribed medication hindering my abilities to perform my duties and keep animals safe.
3. I agree to let OCAP know of any medical reason that could put me in danger or the animals in which I am caring for in danger (e.g., seizure disorder).
4. I fully understand that OCAP expects high standards of moral and ethical treatment of animals under its care and I agree that I will adhere strictly to these standards in my capacity as a Volunteer.
5. I understand that OCAP, without notice or hearing, may terminate my services as a Volunteer at any time, with or without reason.
6. If I am under the age of 18, I will Volunteer with the presence of a parent or other competent and approved adult who has also completed a Volunteer Application and orientation.
7. I will not share OCAP's access code with any non-Volunteer person.
8. I agree to dress tastefully, free of revealing clothing and clothing with vulgar language.

Confidentiality:

I understand that as a Volunteer, I will be exposed to confidential information and I agree that anything I see or hear while volunteering will be kept confidential. This includes, but is not limited to, information regarding the identity of individuals releasing animals to the shelter and the circumstances regarding such release, the identity of individuals adopting animals from the shelter, the identify of individuals involved with any complaints or investigation, as well as information regarding the OCAP staff or other Volunteers.

We thank you again for your interest in volunteering your time to care for our OCAP animals! Please check that the information in all fields is accurate and sign below. (Incomplete applications will not be considered.)

Applicant Signature

Date

To be completed by authorized OCAP authority:

The above applicant _____ is approved to become an OCAP Volunteer.

The above applicant _____ is denied at this time due to the following reasons:

OCAP Authorized Signature

Date

NOTES:

Waiver of Liability and Agreement to Indemnify

THE UNDERSIGNED acknowledges that he/she desires to perform certain services (collectively, the "Services" as defined in Section A below) for the Ontonagon County Animal Protection, an Ontonagon County, Michigan non-profit corporation ("OCAP"). The Undersigned further understands and acknowledges that certain risks may be associated with performing the Services.

In consideration of being permitted to perform the Services for OCAP, the Undersigned, for himself/herself and his/her heirs and representatives voluntarily and knowingly executes this document and expressly waives any and all rights, claims or causes of action including, without limitation, those involving bodily injury or property damage to the Undersigned, or to the Undersigned's family or property while the Undersigned is engaged, directly or indirectly, in performing the Services, whether or not caused by the negligence of OCAP, its officers, directors, agents, employees, land owners, or his/her heirs, jointly or individually.

In further consideration of being permitted to perform the Services for OCAP, the Undersigned hereby agrees to indemnify, defend and hold OCAP, its officers, directors, agents, employees, land owners and/or heirs harmless from and against any and all liability, damage, loss, cost and expense incurred as a result of any claim, demand, or cause of action, brought against OCAP, its officers, directors, agents, employees, land owners or his/her heirs, jointly or individually, for bodily injury or property damage suffered as a result of the Undersigned's negligent, reckless or willful act or omission in the performance (or failure to perform) of the Services.

The Undersigned has read and fully understands the contents of this Waiver of Liability and Agreement to indemnify. This Waiver of Liability and Agreement to indemnify shall continue in full force and effect until terminated in writing and in the event of such termination shall remain applicable to all matters occurring or first arising on or before the date of such termination regardless of such termination.

Signatory's Signature

Signature of Legal Guardian
(Required if Signatory is a minor)

Date

Date

Signatory's Name (Please print)

Witness

Address

Date

City, State, Zip

Telephone Number

Section A

For the purpose of this waiver, "Services" shall be defined as any duties performed including but not limited to:

- Any care or maintenance provided to any animal(s) in the care or charge of OCAP in or near the OCAP shelter building,
- Any care or maintenance provided to any animal(s) in or near a home which houses animal(s) in the care or charge of OCAP;
- Transportation of any animal(s) in the care or charge of OCAP;
- Or any other task related to the general operation of OCAP.