



# Charles City County Sheriff's Office

10780 Courthouse Road  
Charles City, Virginia 23030

Office: (804)829-9265  
Fax: (804) 829-2514



## Animal Shelter Volunteer Application

A Volunteer Orientation and training session with an animal control officer or kennel attendant is required for each of our volunteers. A background screening is also required.

NOTE: Participants who are younger than 16 years old must be accompanied by a parent to volunteer.

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last First MI

Address: \_\_\_\_\_  
Street Apt. #

City State Zip Code

Phone: Home: ( ) Work: ( ) Cell: ( )

E-mail: \_\_\_\_\_ Birth date: / /

(PLEASE PRINT EMAIL ADDRESS CLEARLY!)

Occupation: \_\_\_\_\_ Place of Work & Phone: \_\_\_\_\_

**Why do you want to volunteer for the Charles City County Animal Shelter?**

\_\_\_\_\_  
\_\_\_\_\_

**What experience do you have working directly with animals?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Emergency Contact Information

Name:

Last

First

MI

Address:

Street

City, State, Zip

Phone: Home: ( )

Work: ( )

Cell: ( )

Relationship:

**Areas of Volunteer Interest:** *Please check all areas in which you would like to participate.*

**Cat Socialization**

Petting, brushing cuddling and playing with our cats/kittens to improve their temperament and quality of life while in the shelter.

**Shelter Cleaning**

Help clean kennels, cat cages, clean dishes, laundry, mopping, sweeping, etc.

**Dog Socialization/Dog Walking**

Walking, petting, brushing and playing with our dogs/puppies to improve their temperament and quality of life while in the shelter.

**Administrative**

Assist with front desk admin tasks, including promoting animals on social media.

**Special Events**

Help with a variety of special events such as adoption events at other locations.

## VOLUNTEER AGREEMENT and CODE of CONDUCT

As a volunteer for the Charles City County Animal Shelter/Gone to the Dogs:

I agree to abide by all policies and procedures of the CCC Animal Shelter. I will conform to all rules and regulations commonly applying to employees of CCCAS, including safety, discrimination, harassment and confidentiality.

I certify that I have never been convicted of any crime or misdemeanor involving animal cruelty, neglect, or abandonment.

I give consent to CCCAS to use and reproduce my name, voice, and/or likeness or that of my pet(s) in connection with any advertising, programming and/or promotion in any media it chooses.

I hereby absolutely and unconditionally release and discharge the CCC Animal Shelter, including its employees, successors, assigns, directors, officers and agents, from and against any and all claims, obligations and liabilities, of every nature and kind whatsoever, relating to or arising from my participation with the CCAS volunteer program including, but not limited to personal injury.

I further agree to:

- Treat all animals with respect and kindness.
- Approach my volunteer job responsibilities with professionalism.
- Promote goodwill by handling contacts with staff, other volunteers, customers and visitors in a spirit of courtesy and cooperation.
- Report to my volunteer job physically and mentally fit for duty. The CCC Animal Shelter is a drug free workplace.
- Deal fairly with all CCC Animal Shelter colleagues, co-workers, supervisors, customers, visitors, volunteers, etc., without regard to their gender, race, ethnicity, religion, creed, age, sexual orientation, marital status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability.
- Contact the Volunteer Coordinator immediately if I feel discriminated against or harassed by someone in connection with my volunteering.
- Maintain and safeguard the confidentiality of all business, donor, employee, volunteer and animal records, credit and financial information and/or any information relating to CCCAS.
- Observe all safety and security rules in the performance of my volunteer job duties.
- Report all accidents, injuries, fire, theft, or unusual incidents immediately after occurrence or discovery.
- Contact the Kennel Attendant if I have any questions or concerns about any policies, procedures, interpersonal communications or my volunteer responsibilities.
- In order to remain in good standing, I understand that I am required to consistently adhere to the Volunteer Code of Conduct.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

If under 18:

\_\_\_\_\_  
Parent or Legal Guardian Signature

\_\_\_\_\_  
Date

# Charles City County Animal Shelter Volunteer's Release Form Liability Form

In consideration of the opportunity to participate in the operation of the Charles City County Animal Shelter (CCCAS), and in further consideration of the permission to enter for that purpose upon the premises of the Charles City County Animal Shelter at 12001 Munford Road, Providence Forge VA 23140, the receipt of such opportunity being hereby acknowledged, the undersigned hereby release the Charles City County Sheriff's Office (CCCSO) and its agents, officers, servants and employees, and the county of Charles City from any and all liability, claims, demands, actions, and causes of action whatsoever, arising out of or related to any loss, damage, or injury or any property of the undersigned, while in, on, or upon the premises, or any premises leased to, owned by, sanctioned by, or while under the control of supervision of CCCSO, or while in route to or from the premises or any other premises leased to or under the control of supervision of CCCSO.

The undersigned being duly aware of the risks and hazards inherent upon entering upon said premises and/or in participating in any and all aspect of the operations of the CCCAS at said premises, knowing the current conditions, operations and risks and knowing that these conditions, operations and risks may become more hazardous and dangerous during the time that the undersigned is upon the said premises, the undersigned hereby voluntarily assumes all risks of loss, damage, or injury, including death, that may be sustained by the undersigned, or any property of the undersigned while in, on or upon said premises.

The undersigned further releases the CCC Sheriff's Office and Animal Shelter from any liability arising from any acts or omissions of its agents, officers, servants, employees, and authorized volunteers, wherever such acts or omissions occur.

The release shall be binding upon the distributes, heirs, next of kin, executors, administrators and personal representatives of the undersigned.

In signing the foregoing release, the undersigned hereby acknowledges and represents

- (a) that she or he has read the release, understands it, and signs it voluntarily;
- (b) that she or he is over 18 years of age and of sound mind;
- (c) that she or he is the legal parent or guardian of the following children who are between the age of 10 and 17 and covered by all provisions of this release:  
(enter name and age of each child)

---

---

---

- (d) that she or he is not an agent, servant, or employee of the Charles City Sheriff's Office and or Shelter.

In witness whereof, the undersigned has here unto set her or his hand and certifies that he or she has not been convicted of animal cruelty or neglect.

Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

**TO WHOM IT MAY CONCERN:**

My signature is your authority to do a criminal background in regards to me volunteering at the Charles City County Animal Shelter. This release allow to the proper official presenting this authorization to use in conducting research specifically relating to my suitability as an volunteer for Sheriffs Office / Animal Shelter of the County of Charles City.

**CERTIFICATION**

The facts set forth in my application for Volunteering are true and complete. I understand that false statements on this application shall be considered sufficient cause for withdrawal of an offer or subsequent dismissal if accepted as a volunteer. I understand this information is for use by Charles City County Sheriff's Office / Animal Shelter and will be safeguarded against unauthorized disclosure to any agency or individual not having a legitimate need for it and the authority for its release. I understand that if a volunteer position is offered, such offer shall be at the behest of the Sheriff of Charles City County. And you can be dismissed at any time by the Sheriff.

SIGNATURE OF APPLICANT:

DATE:

**Applicant's Signature must be notarized below:**

State of Virginia, County/City of \_\_\_\_\_

This \_\_\_\_ day of \_\_\_\_\_, 20\_\_ .

\_\_\_\_\_ personally appeared before me  
*(Name of applicant)*

and acknowledged his/her signature to the statement on the page,

My commission expired on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_

Seal/Stamp

Notary Public: \_\_\_\_\_

Notary Registration Number: \_\_\_\_\_