

## Volunteer Agreement and Contract

\_\_\_\_\_ I agree to conduct myself in a courteous and professional manner as a volunteer and as a representative of the Henry County Humane Society.

\_\_\_\_\_ I agree to accept and abide by all Henry County Humane Society policies and procedures and understand that failure to do so may result in my immediate termination as a volunteer.

\_\_\_\_\_ I accept the guidance and decisions of the Shelter Director, President, Board of Directors or HCHS Staff.

\_\_\_\_\_ I agree to maintain the dignity and integrity of HCHS with the public, and honor confidential information.

\_\_\_\_\_ I agree to notify HCHS in writing or by phone, with appropriate notice, of extended leave or absence.

\_\_\_\_\_ I agree to understand the function of the paid staff, Board of Directors, Officers, Volunteer staff, maintain a smooth working relationship with them, and stay within the bounds of a volunteer responsibility.

\_\_\_\_\_ I agree to be present for scheduled shifts and to carry out duties promptly and reliably.

\_\_\_\_\_ I authorize Henry County Humane Society to seek emergency medical care in case of accident, injury or illness.

\_\_\_\_\_ I agree that my services are provided on a volunteer basis without pay or compensation of any kind and all services are to be performed at my own risk.

\_\_\_\_\_ I have received a Tetanus vaccination in the last 10 years. I have provided proof of medical record via a copy to the Director of Volunteer Services. I understand I cannot participate in any direct animal care until I sign a tetanus waiver.

\_\_\_\_\_ I understand that before I can begin to volunteer I must attend an orientation. Orientations are held on varying Saturdays of every month at the HCHS shelter.

\_\_\_\_\_ I understand that in handling animals and performing other volunteer's task there does exist a risk of injury including physical harm caused by the animals.

\_\_\_\_\_ I hereby allow the HCHS to use any photographs taken of me on property or at a special event for public relation purposes.

\_\_\_\_\_ I agree that on behalf of myself, my heirs, personal representatives and executors, I release, discharge, indemnify, and hold harmless the Henry County Humane Society, its

agents, employees, directors and board of directors from any and all claims, causes of action, or demand of any nature of cause, including costs and attorneys fees incurred by the Henry County Humane Society in connection with the same, based on damages or injuries which may be incurred or sustained by me in any way connected with my services for the Henry County Humane Society including but not limited to animal bites, accidents, or injuries.

\_\_\_\_\_ We understand as Family Team Members we will volunteer our time working as a team the entire time we are on Henry County Humane Society property. A violation of this rule will result in the possibility of being terminated from the volunteer program.

I, the undersigned, have read the Volunteer Agreement and Contract and agree to abide by the policies of HCHS. I acknowledge that my services are provided strictly on a volunteer basis, without pay or compensation of any kind, and without liability of any nature on behalf of the HCHS, all services are to be performed by me at my own risk.

Adult Volunteer Name Printed: \_\_\_\_\_

Date Of Birth (mm, dd, yyyy) \_\_\_\_\_

Medical Insurance Carrier: \_\_\_\_\_

Driver's License # \_\_\_\_\_

Child Volunteer Name Printed: \_\_\_\_\_

Adult Volunteer Signature: \_\_\_\_\_

Child Volunteer Signature: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street) (City) (State) (Zip)

Phone Number: \_\_\_\_\_

HCHS Member Signature:  
\_\_\_\_\_

Please return forms in person to 46 Work Camp Road McDonough, they can be left in our donation box.

Scan and email to us at [info@henryhumane.com](mailto:info@henryhumane.com) or Fax to 678.490.2359.

