



# COUNTY OF SAGINAW

## Animal Care & Control

1312 Gratiot Avenue, Saginaw, MI 48602

Phone: (989)797-4500 [scacc@saginawcounty.com](mailto:scacc@saginawcounty.com) Fax: (989)797-4509

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### Volunteer Application

Full Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_  
Full Name Phone Relation

**Please choose your area(s) of interest from the following list:**

- |   |   |
|---|---|
| <input type="checkbox"/> Dog Walking        | <input type="checkbox"/> Cat Adoption Room  |
| <input type="checkbox"/> Main Kennel (cats) | <input type="checkbox"/> Main Kennel (dogs) |
| <input type="checkbox"/> Cat Socializing    | <input type="checkbox"/> Dog Socializing    |
| <input type="checkbox"/> Fostering          | <input type="checkbox"/> Events             |

**Please check the animals you are comfortable handling and working with:**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Small Dogs        |                                    |
| <input type="checkbox"/> Medium/Large Dogs | <input type="checkbox"/> Cats      |
| <input type="checkbox"/> Puppies           | <input type="checkbox"/> Kittens   |
| <input type="checkbox"/> Sick Dogs         | <input type="checkbox"/> Sick Cats |

**Please indicate the time(s) you are available to volunteer:**

Monday: \_\_\_\_\_ Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_ Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_ Saturday: \_\_\_\_\_

Sunday: \_\_\_\_\_ Anytime: \_\_\_\_\_

**Describe any physical limitations:** \_\_\_\_\_

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**Do you have any allergies to cats or dogs? If yes, please explain:** \_\_\_\_\_

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**Why are you interested in becoming a volunteer at SCACC?** \_\_\_\_\_

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**Describe your experience working with cats or dogs:** \_\_\_\_\_

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**Please provide any additional skills you may have that will assist us in finding a specialized position for you in our volunteer program:** \_\_\_\_\_

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**READ AND ACKNOWLEDGE THE FOLLOWING STATEMENTS BY INITIALING:**

\_\_\_\_ I understand this is a volunteer activity and includes no compensation or medical coverage.

\_\_\_\_ I agree to complete any training needed of the volunteer tasks I would like to perform.

\_\_\_\_ I will adhere to the rules and polices of SCACC. A copy of which attached or will be provided.

\_\_\_\_ I will not criticize the staff or other volunteers.

\_\_\_\_ I understand disruptive behavior will not be tolerated at or away from the Shelter.

\_\_\_\_ I will not disparage the staff or volunteers on social media.

\_\_\_\_ I understand that my health and safety and that of the other volunteers, county staff, visitors and resident animals are of greatest importance when I volunteer.

\_\_\_\_ I understand that I may be photographed during the course of volunteer activities and give my consent for any photos to be used in advertising or presentation materials for SCACC.

\_\_\_\_ I give permission to the SCACC to verify the above information.

\_\_\_\_ I understand that this application does not guarantee acceptance to the SCACC volunteer program.

\_\_\_\_ I will always transport animals in a vehicle using a harness or crate as required by SCACC or will assume all risks for not doing so.

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

SCACC Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## **Social Media Policy**

Saginaw County Animal Care and Control (SCACC) staff works very hard to help animals and we take pride in building a good reputation with the public we serve. Social Media sites are a great way for us to get messages out and to network for adoption. Therefore, we prohibit volunteers from representing themselves and answering questions on social media sites on behalf of the SCACC.

We understand that people may be critical and/or not agree with our policies and that they may express this on the internet; we respect that people have a right to their opinion and we ask that you as our volunteer, respect this too. Do not respond to these social media posts our staff will respond to those on our page. Attacking or disparaging people goes against what we stand for and does not help the animals or our reputation. Please think before you post any pictures, thoughts or comments that involve Saginaw County Animal Care and Control.

As a volunteer, when posting on the internet do not disclose any information regarding confidential matters. As a volunteer, you are prohibited from posting photos, videos and recordings taken inside of the SCACC building without Director approval. Making comments which pose the shelter in a negative manner is prohibited and will relinquish your status as a volunteer.

Volunteers who do not follow this policy will be removed from our volunteer team. Social media sites include but not limited to Facebook, Twitter, LinkedIn and YouTube.

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCACC Witness: \_\_\_\_\_ Date: \_\_\_\_\_

### **Policy Support Agreement**

*Please initial the following*

\_\_\_\_ When you agree to become a volunteer at our facility, you are committing to follow our policies, procedures, and protocols. Saginaw County Animal Care and Control has been in existence for many years and has cared for thousands of animals. While we are always learning and adapting, we do things the best way we know how and we do this with an understanding of our limitations.

\_\_\_\_ It is imperative that volunteers understand and support the policies we employ in the shelter. Specifically we are referring to our euthanasia policy.

\_\_\_\_ Our goal is not to convince everyone we are right. Our goal is to inform you of our policies and allow each volunteer to determine whether or not they feel this organization is one they wish to be a part of.

\_\_\_\_ Volunteers who do not follow this policy may be removed from our volunteer team, with or without warning.

\_\_\_\_ As a volunteer I agree to support the policies, procedures and protocols established by the Saginaw County Animal Care and Control.

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCACC Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Volunteer Waiver and Release of Liability**

***This is a legal document – please read carefully and be sure you understand it before signing.***

I, (PRINT NAME HERE) \_\_\_\_\_, have applied to assist the Saginaw County Animal Care and Control Center (SCACC) as a volunteer as specified in this Volunteer Application. By applying for and performing this volunteer work, I agree to oblige the following:

\_\_\_\_ I am aware that this is a contract between me and SCACC and that it waives legal rights that I may have now or in the future and releases SCACC and others from claims for damages.

\_\_\_\_ I am voluntarily participating in this activity with full knowledge of the tasks involved, I agree to accept any and all risks associated with my participation, including but not limited to injury and illness to me or my animals.

\_\_\_\_ I understand there are risks and dangers associated with working with wild, feral and domesticated animals, including but not limited to, bites, scratches, zoonotic diseases (diseases transmitted from animals to humans), and allergic reactions. I also understand there may be risks involved with exposure to certain chemical cleaning products while performing my volunteer duties. I fully understand and accept those risks and dangers.

\_\_\_\_ I fully assume all the risks involved with my volunteer activities, and acknowledge that they are acceptable to me. I agree to use my best judgement in undertaking these activities. I also agree to follow the rules and safety instructions as given by SCACC employees and volunteers authorized to act in a supervisory capacity.

\_\_\_\_ I agree that I will not sue, prosecute, or in any way make a claim against SCACC for injury to me or damage to my property resulting from the negligence, or other acts, howsoever caused, by any employee, agent, volunteer or contractor of SCACC or other people as a result of my volunteer duties.

\_\_\_\_ I fully and forever release and discharge SCACC from any and all actions, causes of action, claims, liabilities, or demands I have or may have in the future, whether known or unknown, for injury, illness, death or damage arising out of or related in any way to my volunteer duties.

\_\_\_\_ I agree that the SCACC may use my name, and pictures, photographs or video and/ or sound recordings of me on television, on radio, on the Internet, in emails, and in stories, news articles, advertisements, or other written or digital materials. I agree that such uses may include education, advocacy, and fundraising. I consent to and authorize, in advance, such use and agree that the SCACC does not have to notify me of such use or provide me with other consideration for such use. I waive any rights of privacy and/ or publicity I have in connection with these uses.

**Volunteer Waiver and Release of Liability (continued)**

\_\_\_\_ I agree that the rights I am giving up and agreements I am making apply equally to me and to my heirs, successors, assigns, guardians and legal representatives. I agree that none of those individuals may make any claim or take any action that I could not make or take myself.

\_\_\_\_ I agree not to disclose, or in any way make public, confidential information I may learn about animal cruelty cases investigated by SCACC.

\_\_\_\_ I agree that this Waiver and Release of Liability protects and is for the benefit of the SCACC, and also for its affiliates, and their respective employees, officers, directors, consultants, interns, volunteers, licensees, and all others acting on their behalf. I also agree that I may not make any claim or take any action against any of those affiliates or individuals that I could not make or take against the SCACC itself.

\_\_\_\_ I intend to fully and voluntarily waive any rights I have as described in this Waiver and Release of Liability. To the extent that legal consideration is required for this Waiver and Release of Liability to be effective, I agree that I have received good, valuable and sufficient consideration by being permitted by SCACC to provide volunteer service and to receive training and instruction.

\_\_\_\_ I further agree that If any part of this Agreement is determined to be invalid by law; all other parts of this Agreement shall remain valid and enforceable. A copy of this Agreement shall have the same force and effect as an original.

I have carefully read this waiver and release and fully understand its contents and accept and sign it of my own free will. If I am under 18 years of age at the time of registration, my parent or legal guardian has completely reviewed this Waiver and Release of Liability, understands and consents to its terms, and authorizes my participation.

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCACC Witness Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Dog/Cat Kennel – Volunteer Waiver and Release**

\_\_\_\_ I acknowledge that for good and valuable consideration, including without limitation, the right to volunteer and participate in the care of dogs and cats in the possession of the County of Saginaw that I am executing a Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement in favor of the County of Saginaw together with any and all agents, officers, instructors, members, representatives, boards, commissions, committees, departments, and employees thereof (hereinafter collectively referred to as "County".)

\_\_\_\_ I understand that I am volunteering my services to care for dogs and cats in the possession of the County, and I will not be compensated for my services. I understand that I have the right to terminate my volunteer services at any time, and I should immediately advise the County of the same. In additions, I understand that the County has the right to terminate my volunteer services at any time, with or without cause or justification. I understand that by volunteering my services no employee/employer relationship is created.

\_\_\_\_ I understand that I may be exposed to certain hazards and/or dangers in caring for dogs and cats, which may subject me to the risk of death, property damage, bodily injury, mental anguish, pain, suffering, and similar or related conditions. I understand the risks and dangers, and I expressly assume the hazards and danger.

\_\_\_\_ I waive, release, and discharge on behalf of myself, or by any other person or entity acting on my behalf or on their own behalf, including but not limited to assignors, heirs, executors, and administrators, the County from any and all claims or demands therefore on account of injury, loss, or damage to my person or property, wrongful death actions, future claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind on account of, growing out of, or which may result from my alleged act or omission of the County, including an act of negligence or malfeasance, whether the alleged negligence or malfeasance is claimed to be wholly or partially a cause of any tort or claim covered by this agreement.

\_\_\_\_ I will take all precautions necessary to protect myself against such risks, and that such risks shall be my sole responsibility. I expressly agree to indemnify and hold harmless the County from any and all claims or demands therefore on account of injury, loss, or damage to my person or property, wrongful death actions, further claims, demands, liens, rights, costs, expenses, and other related items of damage or actions of any kind by the Undersigned, or by any other person or entity acting on his behalf or on their own behalf, including by not limited to assignors, heirs, executors, and administrators, on account of, growing out of, or which may result from my volunteer services, which arise or in the future may arise, including by not limited to all claims or causes of actions arising from an alleged act or omission of the County, including an act of negligence or malfeasance, whether the alleged negligence or malfeasance is claimed to be wholly or partially a cause of any tort or claim covered by this agreement.

**Dog/Cat Kennel – Volunteer Waiver and Release (continued)**



\_\_\_\_ I agree to defend the County so that the indemnified parties do not bear any cost or expense arising from any claims that may arise, it is expressly intended that such indemnification and hold harmless obligation shall extend to and include attorney fees and cost incurred by the County in defending any claim, causes of action, wrongful death causes of action, or demand. Nothing in this agreement shall be construed as a waiver of any party's rights with regard to governmental immunity.

\_\_\_\_ This Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement shall be construed and enforced in accordance with the laws of the State of Michigan. Should any portion of this Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement be judicially determined invalid, voidable or unenforceable, for any reason, such portion of this Waiver and Release shall be severable from the remaining portions herein and the invalidity, voidability, or unenforceability thereof shall not affect the validity, effect, enforceability, or interpretation of the remaining provisions of this Waiver and Release.

\_\_\_\_ I am over the age of eighteen (18) years, of sound mind, and have carefully read this Waiver and Release of Liability/Assumption of Risk and Indemnity Agreement and understand and consent of the terms herein. I further declare and represent that no promise, inducement, or agreement not herein expressed has been made to me, and that the terms of this Release are contractual and not a mere recital.

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

Volunteer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SCACC Witness: \_\_\_\_\_ Date: \_\_\_\_\_

**Saginaw County Animal Care and Control**  
**Volunteer Liability Release Waiver**  
**Indemnification Agreement**

I, the undersigned, desire to volunteer my time to help improve the well-being of animals at the Saginaw County Animal Care Center. By volunteering my services to the SCACC, I am aware that my volunteer duties may involve handling sick and/ or diseased animals, and/ or animals that may bite, scratch, and/or jump; along with using many cleaning agents and equipment. I further understand that by performing these volunteer duties for the Saginaw County Animal Care and Control, I may be exposed to certain dangers, both foreseen and unforeseen, known and unknown, including but not limited to injury caused by the handling of animals, cleaning agents, and/ or equipment.

In consideration for permitting me to volunteer my services at the SCACC, I hereby release the County of Saginaw, together with its volunteers, agents, employees, officers and directors, from any and all liability, claims and causes of action arising out of volunteering my services at the SCACC, including any claims made by others for personal injury or property damage allegedly caused by me. This Liability Release Waiver and indemnity Agreement shall bind my heirs, personal representatives, assigns and all members of my family, including any minors. I understand that this Liability Release Waiver and Indemnity Agreement is a contract and not a mere recital and that it shall remain in effect for the entire duration of my volunteered services for the SCACC. By signing below, I acknowledge that I have read and understand the Liability Release Waiver and Indemnity Agreement in its entirety.

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

Volunteer Service Location: Saginaw County Animal Care and Control

**MEDICAL PERMISSION WITH INFORMATION & HEALTH STATEMENT**

In case of emergency, accident, or illness I give my permission to be treated by persons qualified through first aid or other appropriate medical training, transported by any means available, and admitted to a hospital, if necessary.

I acknowledge that I am in good health and have the physical capacity reasonably necessary to engage in the duties as described above (Volunteer).

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

**Person to notify in case of emergency:**

Full Name: \_\_\_\_\_ Phone: \_\_\_\_\_

SCACC Witness: \_\_\_\_\_ Date: \_\_\_\_\_