

DEWITT COUNTY ANIMAL SHELTER

5955 WELDON SPRINGS ROAD CLINTON, IL 61727 PH (217) 935-3033

Volunteer/Foster Program Agreement/Waiver

I, (print name) _____, request permission to participate as a (Circle one) volunteer/foster for the Dewitt County Animal Shelter (DCAS). I agree to strictly follow the rules and directions given to me by the staff as they pertain to my participation as a volunteer or foster. As a volunteer/foster I understand the animals will work with have been determined adoptable by DCAS, however, animals can be unpredictable. DCAS cannot anticipate or insure against unexpected conduct of the animal(s) or unknown/undetected medical conditions and diseases that may be transferable. DCAS has not made through its agents, volunteers, fosters or employees any warranties regarding the physical/medical condition, temperament or conduct of the animal(s). Therefore, I understand that as a volunteer or foster, I may be subjected to harm. Such harm may include, but is not necessarily limited to, bites, scratches, being pulled down or tripped or otherwise injured by an animal, the potential transmission of diseases or parasites to either oneself or one's animal and/or injuries associated with the facility and equipment used for the care and custody of the animals of DCAS. I hereby fully and completely release, indemnify and hold harmless DCAS, the County of Dewitt, its Administrators, officers, employees, volunteers/fosters and agents from any claim, cause of action or liability of any sort or nature whether known or unknown, directly arising out of or in connection with the activity.

Upon being approved as a volunteer/foster, I agree to abide by the following rules and guide lines.

Hours for person volunteering at DCAS facility are Monday--Friday from 10 AM to 4 PM unless other arrangements are made in advance with the DCAS Administrator.

- A brief orientation will be given to me my first day volunteering at the

shelter. I agree to ask a staff person if I am uncertain about handling animals or have any other questions about my duties as a volunteer. I also agree to inform staff immediately of any misbehavior or signs of illness I observe displayed by the animals of DCAS.

- I will not represent myself as staff of DCAS at any time and will not disseminate information regarding the animals or policies of DCAS. If asked questions, I agree to refer such questions to the staff to avoid any misrepresentation.
- I agree to follow the direction of staff as it pertains to my duties as a volunteer or foster.
- I understand my services as a volunteer are solely at the discretion and will of the DCAS Administrator.
- Appropriate dress must be worn at all times- NO loose clothing, NO jewelry, NO flip flops/sandals when volunteering at the shelter.
- All volunteers will be required to sign in and out.

Please clearly print all information below:

Name: _____ Date of birth: __/__/__

Address: _____

City: _____ State: ____ Zip: _____

Home Phone: _____ Cell Phone: _____

Emergency Contact (name): _____

Phone Number for Contact: _____

Signature: _____ Date: _____

Witness: _____ Date: _____

Orientation Received by: _____ Date: _____

Foster Home

Children in home: _____

Ages of children: _____

Animals in home: _____

Are you willing to have a home visit: _____

OFFICE USE ONLY

Denied: _____

Approved: _____

Administrator Signature: _____ Date: _____

Reason for denial of shelter volunteer: _____

Date of home visit: _____

Reason for denial of fostering: _____
