



Franklin County Humane Society Volunteer Application & Release Form

I, the undersigned, hereby agree to accept a position as a volunteer for the Franklin County Humane Society Inc. (herein after referred to as FCHS), and in so doing, agree to.....

1. Accept and adhere to all policies of FCHS and understand that failure to do so may result in my immediate termination as a volunteer.
2. Accept the guidance and decisions of the FCHS Director.
3. To be present for scheduled shifts and to carry out duties promptly and reliably.
4. To maintain the dignity and integrity of FCHS with the public, and honor confidential information.
5. To notify FCHS in writing or by phone, with appropriate notice, of extended leave or absence.
6. To understand the function of the paid staff, maintain a smooth working relationship with them, and stay within the bounds of volunteer responsibility.

I certify that I have never been convicted of a felony; charged with or convicted of domestic abuse or neglect, charged with or convicted of animal cruelty, neglect or abandonment or subject to a civil proceeding to terminate ownership rights in a dog, cat or other companion animal.

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 FCHS, all services to be performed by me at my own risk.

I recognize that in handling animals and performing other volunteer tasks, there exists a risk of injury, including physical harm, caused by the animals. On behalf of myself, my heirs, personal representative and executors, I hereby release, discharge, indemnify and hold harmless the FCHS, its agents, servants, and employees from any and all claims, causes of actions, or demands of any nature or cause, including costs and attorney's fees incurred by the FCHS 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 FCHS, including, but not limited to, animal bites, accidents or injuries.

Volunteer Printed Name	Date of Birth		
Street Address	City	State	Zip
Phone (home)	(cell)		
Email			
Volunteer Signature	Parent Signature if volunteer under age 18		

Franklin County Humane Society Inc.
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