



# Volunteer Application and Agreement

Montgomery County Animal Rescue and Shelter

103 South Broadway

P O Box 468, Red Oak, IA 51566-0468

www.adoptourdogs.com mcars@mchsi.com

712-370-0336 Fax 712-623-3616

Thank you for considering to volunteer for the Montgomery County Animal Rescue and Shelter. We are a registered Iowa Non-Profit Corporation which operates a rescue of stray, abandoned and neglected dogs . MCARS also holds 501C3 status as a sub-entity of the Red Oak Heritage Foundation (501C3) an approved community foundation. Volunteers with a variety of skills are needed to ensure our success in Montgomery County and surrounding areas.

**You must be willing to commit to a minimum of 1 hour per week for at least 2 months. You must be at least 16 years old.**

Please complete this application and read and sign the agreement. This information helps us to find a project suited toward your needs and skills. You may fax or mail your completed application. You may also drop off at the office of Jan Black at 706 West 2nd Street (south side of Pamida parking lot) in Red Oak.

## Section 1—Personal Information

Your Name \_\_\_\_\_ Age \_\_\_\_\_

Street Address \_\_\_\_\_ Apt # or Box # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

Emergency Contact, telephone and relationship \_\_\_\_\_

Have you ever been convicted for **Cruelty to Animals?** \_\_\_ Yes \_\_\_ No      **Theft?** \_\_\_ Yes \_\_\_ No

**Sexual Offense?** \_\_\_ Yes \_\_\_ No      **Drug/Alcohol Offense?** \_\_\_ Yes \_\_\_ No      If yes, explain: \_\_\_\_\_

Is this a community service project? \_\_\_ Yes \_\_\_ No      **Court Mandated?** \_\_\_ Yes \_\_\_ No      explain if yes \_\_\_\_\_

**School Credits?** \_\_\_ Yes \_\_\_ No

## Section 2—Areas of Volunteer Interest

What type of volunteering are you interested in doing? Please check all that apply.

- Dog Walking/feeding/care
- Cat Care
- Transporting animals
- Kennel/property maintenance
- Fundraising
- Foster Care

- Assisting at special events
- Veterinary assistance
- Newsletter writing
- Telephone Calls
- Adoptions
- Website/Petfinder maintenance

Do you have experience or training in any of the following related area? Please check all that apply.

- Dog Training
- Animal Rescue
- Grooming
- Kennel Assistance

- Fundraising
- Veterinary Assistance
- Writing
- Web design and/or maintenance

Please provide specifics for those areas checked: \_\_\_\_\_

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

Have you volunteered at another animal shelter or animal related facility? If so, where? \_\_\_\_\_

\_\_\_\_\_

Why are you interested in volunteering for MCAR \_\_\_\_\_

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

What day(s) of the week and times can you volunteer? \_\_\_\_\_

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

**Liability Release & Waiver**

**I, the undersigned, understand that my participation with the Montgomery County Animal Rescue and Shelter (MCARS) is strictly on a volunteer basis. I understand that there are inherent risks associated with my volunteer activities, including the risk of personal injury resulting from animals bites and other animal behavior, and with such understanding, I hereby waive, release and forever discharge MCARS, their officers, employees, agents or trainers, from any and all claims (whether present or future) arising out of my participation in MCARS' volunteer program. I understand that by signing below I am waiving any and all claims of liability, including, but not limited to, claims of negligence and/or injury to me, against MCARS, their officers, agents and employees, arising out of my participation in the Montgomery County Animal Rescue and Shelter's Volunteer Program.**

**Furthermore, I understand that it is important to have a tetanus vaccination before joining the Volunteer Program team, and thus, I understand that it is important to discuss being vaccinated against tetanus with my physician. I therefore release MCARS from all injuries, claims or other loss that I may incur because of my not pursuing this matter further and receiving a proper tetanus vaccination.**

**Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_  
(Volunteer)

**Minor Consent: I,** \_\_\_\_\_ **give consent for**  
(parent or guardian PLEASE PRINT)  
\_\_\_\_\_ **to volunteer at the Montgomery County Animal Rescue and Shelter.**  
(minor)

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Parent or guardian)