



## Montgomery County Animal Care & Control

### Volunteer Application & Service Agreement

#### Contact Information

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ (must be 16 years or older)  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Volunteer Application Questions

Why are you interested in volunteering at Montgomery County Animal Care & Control (hereafter "MCACC")?

Possible length of commitment: ☐ Short-term ☐ Ongoing ☐ Seasonal

Do you currently have pets? (List species, breed, and age)

Have you ever volunteered at an animal shelter before? If yes, when/where?

Are you a member of any animal welfare organizations? If yes, which ones and how long?

Any physical or medical limitations which may hinder or affect your ability to volunteer at MCACC?  
Please describe.

Have you ever been convicted of a misdemeanor or felony? If yes, please explain:

Despite MCACC's best efforts to find homes, some animals must be euthanized. How do you feel about this?



Are you comfortable interacting with all types of people? ☐ Yes ☐ No

Do you submit to a background check? ☐ Yes ☐ No

*Note: Applicants convicted of misdemeanors/felonies related to drugs, theft, or violence may not be accepted.*

Do you understand that completion of this application does not guarantee acceptance into the volunteer program? ☐ Yes ☐ No

Do you agree to abide by MCACC policies and procedures presented during orientation and training? ☐ Yes ☐ No

### **Volunteer Requirements**

- Volunteers must be 16 years or older.
- Volunteers ages 16–17 must have signed parent/guardian approval to participate.
- Volunteers must complete an application, orientation, and training before working with animals.
- Volunteers must sign this agreement and follow all MCACC rules and policies.

### **Volunteer Expectations**

As a volunteer with MCACC, I agree to:

1. Treat all animals, staff, and visitors with respect and compassion.
2. Follow staff instructions at all times to ensure safety for animals and people.
3. Wear appropriate clothing (closed-toe shoes required, no loose jewelry).
4. Refrain from using personal phones or cameras unless approved by staff.
5. Not take photos or share descriptions of animals not yet available for adoption unless directed by the Director.
6. Immediately report any bites, scratches, injuries, accidents, or unsafe conditions to staff.
7. Represent MCACC positively in the community and on social media.
8. Understand that certain volunteer duties may be restricted by age or training level.

### **Liability Waiver**

I understand that volunteering at an animal shelter involves potential risks, including but not limited to animal bites, scratches, zoonotic diseases, or injury. By signing this agreement:

- I assume all risks associated with volunteering.
- I waive my right to recover damages in the event I am injured while volunteering.



- I agree to defend, hold harmless, and indemnify Montgomery County, MCACC, its employees, elected officials, and affiliates from any liability, claims, damages, attorney's fees, or costs arising from my participation or activities as a Volunteer.
- I acknowledge that MCACC does not provide health or medical insurance coverage for volunteers.

### **Confidentiality Agreement**

- I will not share confidential shelter information (including adopter/surrender details or sensitive case information) outside of MCACC.
- I will not speak on behalf of MCACC to media, agencies, or online without prior approval.
- I will not remove, copy, or reproduce shelter records.
- I will not discuss confidential information with anyone outside MCACC staff.
- I agree to uphold the confidentiality of any sensitive information I encounter as a volunteer, including case records or restricted animal details.
- I understand that improper release of confidential or sensitive information may result in immediate termination of volunteer status.
- I agree to uphold the values of Education, Enforcement, and Prevention that guide MCACC's mission.

### **Photo & Media Release**

MCACC may take photos or videos of volunteers for use in social media, promotional materials, or reports. Please check one:

☐ Yes, I give permission for my image to be used by MCACC.

☐ No, I do not give permission for my image to be used.

### **Emergency**

In the event that an emergency should occur while I am providing services, the following contact should be notified immediately:

Emergency Contact Name: \_\_\_\_\_

Emergency Contact Phone: \_\_\_\_\_

### **Acknowledgment**

By signing below, I acknowledge and agree to the following:



I am willing to donate my time and services to MCACC. I understand the services provided will be a donation and under no circumstances will I expect wages, salary, or benefits from Montgomery County or MCACC for the services provided pursuant to this Volunteer Agreement.

Under no circumstances will I be considered an employee of MCACC or Montgomery County. MCACC acknowledges I am not an employee and may provide services at free will. I will not receive any employee benefits; however, I am entitled to Worker's Compensation.

Because I am not an active employee, MCACC may terminate this Volunteer Agreement at any time for any reason it deems necessary. MCACC may decline to accept my time and may terminate this Agreement without prior notification.

I will abide by all requirements, expectations, and policies of MCACC.

I understand that providing false or misleading information, violating confidentiality, or misconduct may result in rejection or immediate discharge from the program.

I agree to the terms of this Volunteer Agreement.

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

MCACC Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Parent/Guardian Consent (for ages 16–17)**

I give permission for my child \_\_\_\_\_ (DOB: \_\_\_\_\_) to volunteer at MCACC. I understand they must follow all shelter rules and that I may be contacted in the event of an emergency.

Parent/Guardian Name: \_\_\_\_\_

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

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**Office Use Only**

Application: ☐ Approved ☐ Denied (explain if necessary):

Begin Date: \_\_\_\_\_ Volunteer Coordinator Signature: \_\_\_\_\_

Director Signature: \_\_\_\_\_

Resignation/Termination Date (if applicable): \_\_\_\_\_ Explanation:



Staff Signature: \_\_\_\_\_