

2761 Johnstown Rd Columbus OH 43219 614-471-9000



## **Volunteer Application and Agreement**

Thank you for your interest in becoming a volunteer at Columbus Dog Connection! Please complete this Volunteer Application, then read and sign the Volunteer Agreement and Code of Conduct on page 2, legibly printing all information. You may return completed form to the shelter during adoption hours, mail it, or fax it to us. After we review your information, we will contact you about your shift request and assignment.

Community Service: Please note that CDC cannot accommodate court mandated community service for either adults or minors.

Adult/Parent Name  Youth Name (under the age of 18)		Workplace	Occupation	Occupation	
		Date of Birth	School		
Street Address		City	State	Zip	
Home Phone	Work Phone	Cell F	Cell Phone Email Address		
Please check the type	s of volunteer work that you	ı would like to do:			
Foster Care	Vet Clinic Assistance	Receptionist/Greeter Fundraising Substitute*			
		Transportation Events Foster Care			
	4		OLIGITAL VA	N.	
		•	among Shift Leads Yes	No	
List 3 references. One	reference should be your v	eterinarian if you currently h	ave pets.		
1		Phone:	Relationship/How Known:		
2		Phone:	Relationship/How Known:		
3		Phone:	Relationship/How Known:		
Do you have provious	valuntaar avnariansa? If va	es, please explain the positio	n(c) and list organization(s)		
Jo you have previous	volunteer experience: if ye	es, piease expiain the positio	ii(s) and list organization(s).		
Please describe any e	xperience or education you	have with animal care:			
Do you have any phys	sical restrictions, medical lin	nitations or allergies that wo	uld affect your volunteer duties?	? Please list.	
Please list who we sh	ould contact in case of an e	mergency while you are volu	nteering:		
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## **CDC VOLUNTEER AGREEMENT and CODE OF CONDUCT**

(Please read and initial each line):

I have accurately and truthfully completed the Volunteer Application and I give my permission to CDC to verify any information in the application.	)
I agree that my services are provided on a volunteer basis without pay or compensation of any kind.	
I agree to abide by the policies and procedures of CDC, during my time as a member of the volunteer staff. I will conform to all rules and regulations commonly applying to employees of CDC, including safety, discrimination, harassment, and confidentiality.	i
I will confide all comments, questions, suggestions, whether positive or negative, to my immediate shift lead and/or the Volunteer Coordinator.	
I give consent to CDC to use any photographs taken of me on property or at a special event for public relation purposes.	
As a volunteer worker, I acknowledge that I will be acting entirely at my own risk. I am aware of the dangers inherent in handling animals and the potential hazards inherent in the normal course of volunteer work at CDC. Should I have concerns or questions about tetanus or rabies vaccinations, I am encouraged to consult a physician to decide whether or not to be vaccinated at my own expense.	
I hereby release, discharge and indemnify CDC, its agents, employees, directors, officers and insurance carriers from any and all claims, damages, and judgments present or future, whether known or unknown, on account of any personal or bodily injury and/or account of any damage to personal property suffered and sustained by me from any incident caused or arising out of, during or in connection with, any volunteer work for or on behalf of CDC.	on
I understand and agree that the terms of this agreement shall be binding upon my heirs, my assignees, my personal representatives and myself.	}
In the case of emergency in which I require medical care, I authorize CDC to act on my behalf.	
I understand CDC has the right to terminate this agreement at its discretion.	
<ul> <li>Support the goals and efforts of CDC with a positive attitude.</li> <li>Approach my volunteer job responsibilities with professionalism.</li> <li>Treat all animals with kindness.</li> <li>Promote goodwill by handling contacts with staff, other volunteers, and the public in a spirit of courtesy and cooperation.</li> <li>Report to my volunteer job physically and mentally fit for duty. CDC is a drug free workplace and use or possession of firearms of weapons of any kind are prohibited.</li> <li>Provide appropriate notice of unavoidable absence or lateness.</li> <li>Deal fairly with all CDC colleagues, co-workers, supervisors, customers, visitors, volunteers, etc., without regard to their gender, race ethnicity, religion, creed, age, sexual orientation, marital status, national origin, ancestry, citizenship, military status, veteran status, handicap or disability.</li> <li>Contact the Volunteer Coordinator immediately if I feel discriminated against or harassed by someone in connection with my volunteering.</li> <li>Only serve as agency representative in the community or media spokesperson when authorized to do so by CDC management.</li> <li>Correct, when possible, misleading or inaccurate information and representations made by others concerning CDC policies, practices and procedures.</li> <li>Maintain and safeguard the confidentiality of all business, donor, employee, volunteer and animal records, credit and financial information, and/or any information relating to the operation of the agency that is not known or readily accessible to the public.</li> <li>Observe all safety and security rules in the performance of my volunteer job duties.</li> <li>Report accidents, injuries, fire, theff or other unusual incidents immediately after occurrence or discovery.</li> <li>Avoid engaging in any conduct that is or could be perceived as a conflict of interest. Refrain from using CDC property, services or supplies for personal reasons unless given prior permission by the appropriate staff member.</li> <li>Contact th</li></ul>	5
I acknowledge that I have read and fully understand the terms and conditions of the foregoing Volunteer Agreement and Code of Conduct, and I agree that I will comply with the same.	

Adult Signature (parent/persons 18 years or older)

Date