



**RESPONSIBLE PET CARE OF OXFORD HILLS, INC.**

9 Swallow Road, Paris, ME 04281

Tel 207-743-8679

**VOLUNTEER APPLICATION**

Your Name \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Cell \_\_\_\_\_ Email \_\_\_\_\_

Work Status: \_\_\_ I have a full time job \_\_\_ I have a part time job \_\_\_ I do not work at this time  
I can realistically help \_\_\_ hours each week, during these days & times \_\_\_\_\_  
I am covered by health insurance with \_\_\_\_\_ company.  
\_\_\_ I do not have health insurance coverage (If you do not have coverage, you understand that expenses from possible injury will be paid by you, personally and not by Responsible Pet Care or Oxford County, Maine? Initial \_\_\_\_\_)  
Have you ever been investigated by Animal Control for any reason? \_\_\_  
Have you worked/volunteered with a humane society, shelter or in animal care? \_\_\_ If yes, please list organization(s)  
\_\_\_\_\_

Is your involvement with the organization(s) listed above current? \_\_\_  
If I am accepted into the volunteer program, I agree to adhere to our procedures and policies, and all rules and regulations of Oxford County. Initial \_\_\_\_\_

I also understand that the behavior of domestic animals is at times unpredictable and that some domestic animals are capable of inflicting property damage, serious personal injury, and even death. I am well aware of the risks of handling domestic animals, and with such understanding, I hereby waive, release, indemnify, hold harmless and forever discharge Responsible Pet Care, employees, agents and trainers from any and all claims (whether present or future) arising out of my participation in the Volunteer Program.

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

Please rank the top 3 areas that interest you, with 1 being the area that interests you most:

- \_\_\_ Foster Family
- \_\_\_ Education – Developing programs, youth
- \_\_\_ Housekeeping/Kitchen
- \_\_\_ Maintenance - Upkeep of facilities, yard work
- \_\_\_ Events – Planning, setup, advertising
- \_\_\_ Fundraising – Special events, raising \$
- \_\_\_ Office – Phone calls, emails, screen applicants
- \_\_\_ Marketing – Newsletter, publications
- \_\_\_ Other – Shelter Displays, Errands
- \_\_\_ Animal Transportation Services
- \_\_\_ Work in Pawsibilities Thrift Shoppe
- \_\_\_ Member of the Board of Directors

We reserve the right to contact those listed on your application.

**RESPONSIBLE PET CARE OF OXFORD HILLS, INC.  
VOLUNTEER LIABILITY RELEASE FORM**

Volunteers are an important part of Responsible Pet Care. We welcome those who wish to participate in our programs. You must have an application on file and have attended our training class. Anyone volunteering must willingly sign this form.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

I certify that I am over 18 years of age. Initial \_\_\_\_\_

Children under the age of 18 must have a guardian with them at all times while volunteering at the shelter.

Guardian's Name \_\_\_\_\_ Relationship to minor \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone (day) \_\_\_\_\_ Phone (evening) \_\_\_\_\_ Cell \_\_\_\_\_

E-mail address \_\_\_\_\_

**Vaccination of Outside Pets**

To protect outside pets from contracting any potential shelter diseases, and to prevent the shelter pets from developing illnesses from outside pets, I certify that all my personal pets or pets in a home that I frequent are, at a minimum, current on their rabies, distemper, bordatella and parvo vaccinations. I have read this and have been advised. Initial \_\_\_\_\_

**Photo Release**

I agree to allow pictures of myself to be used, without compensation, for the purpose of promotion and publicity related to Responsible Pet Care. I have read this and agree. Initial \_\_\_\_\_

**Advisory**

You are strongly urged to have a current tetanus vaccination to protect yourself should you be cut, scratched or otherwise injured in such a way that tetanus infection could threaten your health. I have read this and have been advised. Initial \_\_\_\_\_

**Medical Release**

In case of emergency, I authorize Responsible Pet Care to arrange emergency medical treatment after attempting to notify the contacts listed below. List 2 personal contacts below.

Name \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship \_\_\_\_\_

Name \_\_\_\_\_ Tel # \_\_\_\_\_ Relationship \_\_\_\_\_

**Release of Liability**

**I fully understand that as a part of my volunteer work at Responsible Pet Care I will come in contact with animals either by direct handling or assisting in their care. Further, I understand that working with animals carries a risk of injury and that it is possible that I may be bitten, scratched, and/or otherwise injured. I also understand that I may be exposed to canine and/or feline illness and disease and that it is also possible that I could indirectly expose my own pets to such illness and disease. My signature to this Volunteer Liability Release attests to my intent to hold harmless and release from all liability Responsible Pet Care, their agents and assigns from all acts which are related to my performance of any and all volunteer duties.**

Signature of Volunteer \_\_\_\_\_

(Guardian signature if volunteer is under the age of 18 years)