

# Washington County SPCA (WCSPCA) Volunteer Application

The WCSPCA welcomes the participation of volunteers who support our mission statement: The Washington County SPCA provides shelter, protection, and care for animals. We handle strays, provide for animal adoption, and are recognized as the first contact for animal care and pet recovery. We serve the animals, citizens, and communities of Green Country from our location on Highway 123 North of Bartlesville. "We speak for those who cannot speak for themselves."

Volunteers must be at least 16 years old to work on their own. Those aged 10-15 may volunteer provided they have an adult 21 or older train and work with them.

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

Name: \_\_\_\_\_  
Last First Middle Initial

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Birth date: \_\_\_\_\_  
Month Day Year

E-mail: \_\_\_\_\_

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

Contact Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Are you allergic to any animals: Yes ( ) No ( )

If so, what animals: \_\_\_\_\_

Are you afraid of any animals: Yes ( ) No ( )

If so, what animals: \_\_\_\_\_

Do you prefer to work with: Dogs ( ) Cats ( ) or Both ( ) Check only one please.

Office Use Only: Date Trained: \_\_\_\_\_

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By signing below, I hereby accept a position as a Volunteer for the Washington County Society for the Prevention of Cruelty to Animals (SPCA), upon the following terms, conditions, and understandings.

## Terms and Conditions

1. My services to the SPCA are provided strictly in a voluntary capacity as a Volunteer, and without any express or implied promise of salary, compensation, or other payment of any kind whatsoever.
2. My services are furnished without any employment-type benefits, including employment insurance programs, worker's compensation accrual in any form, vacations, or sick time.
3. I will familiarize myself and comply with the SPCA's policies and procedures applicable to Volunteers. In particular, I fully understand that the SPCA expects high standards of moral and ethical treatment of the animals under its care. I will adhere strictly to these standards in my capacity as a Volunteer.
4. I understand that the SPCA, without notice or hearing, may terminate my services as a Volunteer at any time, with or without reason.

## Release

1. I understand the handling of animals and other Volunteer activities on behalf of the SPCA may place me in a hazardous situation and could result in injury to my personal property or me. On behalf of myself, and my heirs, personal representatives, and assigns, I hereby release, discharge, and indemnify and hold harmless the SPCA and its directors, officers, employees, and agents from any and all claims, causes of action and demands of any nature, whether known or unknown, arising out of or in connection with my Volunteer activities on behalf of the SPCA.
2. I understand that public relations are an important part of a Volunteer's activities. On behalf of the SPCA, I hereby authorize the SPCA to use any photographs of me in its possession for public relations purposes. I ask that the SPCA use reasonable efforts to give me advance notice of any such use, but such notification is not a condition to release photographs for the public relations purposes.

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Date

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Signature of Volunteer

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Signature of SPCA Representative

Volunteers 17 and younger need parent or legal guardian consent

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Date

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Signature of Parent or Legal Guardian