WRIGHT-POLING *PICKAWAY COUNTY DOG SHELTER & ADOPTION CENTER*

COMMUNITY SERVICE VOLUNTEER APPLICATION

21253 RINGGOLD SOUTHERN ROAD CIRCLEVILLE, OHIO 43113
740-474-3741
DOGSHELTER@PICKAWAYCOUNTYOHIO.GOV

You've found the right place to spend some time
Dogs we have - It's people like you we need!

VIP Profile **Date:** _____

Name (Printed): _____ Phone Number _____

Street Address: _____

City, State, Zip: _____ Email: _____

Are you 16 years or older? ☐ Yes ☐ No – An Adult volunteer (parent or guardian) must join you

Emergency Contact: _____ **Emergency Phone:** _____

If Minor name of Parent or Guardian: _____ Phone #: _____

What is your availability? _____

_____

What is your animal handling Experience? _____

_____

List any previous volunteer work: _____

_____

How did you learn about P.C.D.S Volunteer Program? _____

_____

Special Roles

What volunteer activities interest you? (Check all that apply)

☐ A.M. Dog Area/Kennels Cleaning/Feeding ☐ Dog Exercising ☐ W.I.N. (Wherever I'm Needed)
☐ Outreach & Education Activities ☐ Assist with Events ☐ Help with Fundraising ☐ Socialization

VOLUNTEER OATH

(Check for acknowledgement)

- ☐ I understand that P.C.D.S. law enforcement duties call for handling confidential and sensitive information regarding animals. If I learn of such, I will preserve its nature to avoid jeopardizing any subsequent hearing or prosecution.
- ☐ I recognize that P.C.D.S. holds its volunteers and employees to high standards in performing their duties as prescribed and respectfully interacting with others.
- ☐ I will adhere to the policies, proper practices and directives at P.C.D.S. and not promote any conflicts.
- ☐ I accept the responsibility to directly disclosing operational incidents-issues to P.C.D.S. management.
- ☐ I shall fully cooperate with the above obligations or otherwise be subject to involuntary termination.

Thank you for wanting to help the four-legged friends in our care!

Release of Liability *(*Sign for acceptance)

In joining the Pickaway County Dog Shelter, as a community service volunteer, I, for myself, my heirs, executors and administrators, waive and release all rights and claims to damages I may have against the Pickaway County Dog Shelter located at 21253 Ringgold Southern Road Circleville, Ohio 43113, or their representatives for any injuries suffered by me while I am a volunteer at the Pickaway County Dog Shelter. I attest that I am physically fit and that a physician can verify my personal health. Should I offer to act as a foster home for any Pickaway County Dog Shelter animal, I agree to assume full legal and financial responsibility for any damage or injury caused by the animal during the time that it is released to my care and supervision.

_____	_____	_____
Print Name	**Signature**	**Date**
_____	_____	_____
If Volunteer is a Minor, Print	**Signature of Parent or Guardian**	**Date**

For Internal Use only

Volunteer Orientation Materials

☐ Orientation Community Service Volunteer Manual

Employee Signature: _____ (who handed out Orientation Materials)

rev. 8/18

PICKAWAY COUNTY VOLUNTEER FAQ's

How old do I have to be to volunteer?

16 years or older to volunteer. If a person is under 16 years of age they must be accompanied by adult who has filed a volunteer application.

What do volunteers do?

Walk available dogs, clean kennels, and socialization of dogs.

Can I come in just to play with dogs or puppies?

We are appointment only. Wright-Poling Pickaway County Dog Shelter & Adoption Center is opened six days a week from 11am to 4pm. Closed on all legal holidays.

I have court appointed service hours. Can I fulfill my requirements at the shelter?

Yes. Court appointed and Job and Family Services hours must be scheduled ahead of time.

Should I worry about taking an illness home to my pet?

Always wash your hands and change your clothes before handling any of your own animals. Be sure that your animals are current on vaccinations. Any further questions, please contact your own veterinarian.