



# Flathead County Animal Shelter Volunteer Application

Thank you for your interest in volunteering at the Flathead County Animal Shelter. This form must be filled out completely and signed before FCAS can schedule you for orientation. Please print clearly.

Name: \_\_\_\_\_ Phone NO.: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

What volunteer opportunities are you interested in?

Office Assistance                       Special Events                       Housekeeping

Grooming                                       Socialization                       Foster

Other (Please describe): \_\_\_\_\_

Do you need any accommodations to successfully perform your volunteer duties?

\_\_\_\_\_

Emergency Contact:

Name: \_\_\_\_\_ Phone NO.: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

# Flathead County Animal Shelter Volunteer Agreement

## Release and Acknowledgment of Risks

**This document affects your legal rights. You must read and understand the agreement before you sign it.**

I, \_\_\_\_\_, in consideration of the use of the Flathead County Animal Shelter facilities, and the right to engage in services for the Animal Shelter as a participant and/or volunteer, hereby release and discharge Flathead County, a political subdivision of the State of Montana, its officers, elected officials, employees, agents or insurers, and any other person acting on its behalf, from any and all claims, injuries, damages or liability, for myself and for my heirs, assigns, personal representative and estate as follows:

### **Acknowledgment of Risks**

I understand and acknowledge that the activity I am about to voluntarily engage in as a participant and/or volunteer bears certain known risks and unanticipated risks which could result in injury, death, illness or disease, either physical or mental, or damage to myself or to my property. Among these risks are the following:

- 1) the acts or omissions, negligent in any degree, of Flathead County, its agents, officers, elected officials or employees;
- 2) latent or apparent defects or conditions in equipment or property supplied by Flathead County, or other persons or entities on its behalf;
- 3) negligent or intentional conduct of persons present at the Flathead County Animal Shelter; and
- 4) my own physical condition, or my own acts or omissions.

I understand that the above list is not complete or exhaustive, and that other risks, known or unknown, identified or unidentified, anticipated or unanticipated may also result in injury, death, illness, or disease, or damage to myself or to my property. I also expressly accept those risks not specifically listed above.

In addition, I have received, and will abide by the shelter's "VOLUNTEER PROGRAM DESCRIPTION."

### **Acceptance of Risk and Responsibility**

Being aware that this activity entails risks of injury to myself, I expressly agree, covenant and promise to accept and assume all responsibility and risk for injury, death, illness or disease, or damage to myself or to my property arising from my participation in this activity. My participation in this activity is purely voluntary; no one is forcing me to participate, and I elect to participate in spite of the risks.

### **Risks**

I hereby voluntarily release and forever discharge Flathead County, a political subdivision of the State of Montana, and its agents, employees, officers and elected officials from any and all liability, claims, demands, actions or rights of action, which are related to, arise out of, or are in any way connected with my participation in this activity, including specifically but not limited to the negligent acts or omissions of Flathead County, its agents, employees, officers and elected officials, for any and all injury, death, illness or disease, and damage to myself or to my property.

I further agree, promise and covenant not to sue, assert or otherwise maintain any claim against Flathead County, its agents, employees, officers and elected officials, for any injury, death, illness or disease, or damage to myself or to my property, arising from or connected with my participation in this activity.

**In signing this document, I fully recognize that if anyone is hurt or property is damaged while I am engaged in this event, I will have no right to make a claim or file a lawsuit against Flathead County or its agents, employees, officers or elected officials, even if they or any of them negligently caused the bodily injury or property damage.**

### **Acknowledgment of Effect of this Release Agreement**

I understand and acknowledge that by signing this document I have given up certain legal rights and possible claims which I might otherwise assert or maintain against Flathead County, its agents, employees, officers or elected officials, including specifically, but not limited to, rights arising from or claims for the acts or omissions, negligent in any degree, of Flathead County, its agents, employees, officers or elected officials.

### **Participant Insurance Benefit**

I understand and acknowledge that no major medical insurance benefits will be provided to me during this event. My signature below indicates that I have read this entire document, understand it completely, and agree to each of its terms.

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

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