

# MAXFUND ANIMAL ADOPTION CENTER (M.A.A.C.) VOLUNTEER APPLICATION AND AGREEMENT

**VOLUNTEER NAME:** \_\_\_\_\_

**MAXFUND WELCOMES AS VOLUNTEERS INDIVIDUALS WHO DESIRE TO GIVE THEIR TIME IN SUPPORT OF MAXFUND'S MISSION. MAXFUND IS A NON-PROFIT ORGANIZATION ESTABLISHED TO PROVIDE MEDICAL CARE FOR INJURED PETS WITH NO KNOWN OWNERS AND TO FIND NEW HOMES FOR THESE ANIMALS ONCE THEY HAVE RECOVERED. MAXFUND IS COMMITTED TO THE FOLLOWING GOALS:**

- **DEVELOP AND IMPLEMENT EDUCATIONAL PROGRAMS PERTAINING TO ANIMAL CARE, WITH EMPHASIS ON THE IMPORTANCE OF SPAYING AND NEUTERING.**
- **DISSEMINATE INFORMATION ON SPAY/NEUTER FACILITIES, AND ON A PERIODIC BASIS CONDUCT A SPAY/NEUTER CLINIC FOR PETS OF LOW INCOME FAMILIES.**
- **BE A VOICE FOR THE ANIMALS ON ISSUES OF ANIMAL WELFARE.**
- **COOPERATE WITH OTHER ANIMAL FACILITIES/SHELTERS IN ACCOMPLISHING THESE GOALS.**

**ALL POTENTIAL VOLUNTEERS MUST BE INTERVIEWED PRIOR TO PLACEMENT. A BACKGROUND CHECK MAY BE PERFORMED. WE ALSO REQUIRE THAT ALL VOLUNTEERS PARTICIPATE IN OUR TRAINING PROGRAM PRIOR TO BEGINNING ANY VOLUNTEER ACTIVITIES. IF YOU AGREE WITH OUR MISSION AND ARE WILLING TO BE INTERVIEWED, BACKGROUND- AND REFERENCE-CHECKED, AND TRAINED, WE ENCOURAGE YOU TO COMPLETE THIS APPLICATION. THE INFORMATION ON THIS FORM WILL HELP US FIND THE MOST SATISFYING AND APPROPRIATE ACTIVITIES FOR YOU.**

**BY YOUR SIGNATURE ON THIS APPLICATION, YOU AGREE, IF SELECTED AS A VOLUNTEER, TO SUPPORT THE NO-KILL PHILOSOPHY, MISSION, AND GOALS OF THE MAXFUND ANIMAL ADOPTION CENTER. YOU FURTHER AGREE TO ADHERE TO THE FOLLOWING IN YOUR VOLUNTEER ACTIVITIES FOR MAXFUND:**

- **YOU WILL DO YOUR UTMOST TO PROTECT THE SAFETY, COMFORT, AND WELFARE OF MAXFUND'S ANIMALS, PARTICULARLY WHEN THEY ARE IN YOUR CARE, AND NEVER LEAVE ANY ASPECT OF THEIR SAFETY, COMFORT, AND WELFARE TO CHANCE. YOU WILL ALWAYS WORK FOR THE GOOD OF THE ANIMALS AND THE SHELTER/CLINIC.**
- **YOU WILL FOLLOW MAXFUND'S RULES AND REGULATIONS AND THE INSTRUCTIONS OF THE MAXFUND STAFF AT ALL TIMES. IF YOU ARE NOT CERTAIN ABOUT THE CARE OF ANY ANIMAL, OR ANY OTHER ISSUE CONCERNING THE SHELTER/CLINIC, YOU WILL SEEK THE CORRECT INFORMATION FROM THE APPROPRIATE PERSON RATHER THAN ACTING OR SPEAKING ON AN UNINFORMED OR ILL-INFORMED BASIS.**
- **YOU WILL CONDUCT YOURSELF IN A MANNER THAT REFLECTS POSITIVELY ON MAXFUND AT THE SHELTER/CLINIC, IN THE NEIGHBORHOOD SURROUNDING THE SHELTER/CLINIC, AND IN THE COMMUNITY AT LARGE, INCLUDING ANY ONLINE SETTING. YOU WILL BE RESPONSIBLE FOR YOUR WORDS AND YOUR BEHAVIOR AS A VOLUNTEER, AND NOT SPEAK OR ACT IN A MANNER THAT COULD CREATE CONFLICTS WITH MAXFUND OR ITS MISSION.**

**IF YOU FAIL TO CONDUCT YOURSELF IN ACCORDANCE WITH THE FOREGOING, YOU MAY BE ASKED TO DISCONTINUE YOUR PARTICIPATION IN THE VOLUNTEER PROGRAM.**

**ONCE APPLICATION IS COMPLETE, PLEASE RETURN THE COMPLETE APPLICATION AND SIGNED WAIVER TO THE SHELTER FRONT DESK. A MAXFUND REPRESENTATIVE WILL CONTACT YOU FOR A PHONE INTERVIEW. BECAUSE WE ONLY ACCEPT A SET NUMBER OF VOLUNTEERS PER MONTH, THERE MAY BE A DELAY BEFORE YOU ARE CONTACTED TO PROCEED WITH VOLUNTEERING.**

MAXFUND VOLUNTEER APPLICATION & AGREEMENT

PLEASE COMPLETE EVERY PORTION OF THIS APPLICATION ACCURATELY AND COMPLETELY. NO INCOMPLETE APPLICATION WILL BE PROCESSED. ANY INACCURATE OR FALSE INFORMATION ON THE APPLICATION WILL BE GROUNDS FOR DISQUALIFICATION FROM THE VOLUNTEER PROGRAM, AND/OR GROUNDS TO TERMINATE YOUR PARTICIPATION IN THE VOLUNTEER PROGRAM.

**CONTACT AND BIOGRAPHICAL INFORMATION:**

NAME: \_\_\_\_\_ BIRTH DATE: \_\_\_\_\_

IF UNDER 18, ADULT WHO WILL ACCOMPANY YOU: \_\_\_\_\_

*NOTE: IF UNDER 18 YOU MUST BE ACCOMPANIED BY A PARENT OR GUARDIAN AT ALL TIMES WHEN VOLUNTEERING WITH MAXFUND.*

HOME ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE NUMBER (CELL PREFERRED): \_\_\_\_\_

E-MAIL: \_\_\_\_\_

*PLEASE NOTE – EMAIL ADDRESSES ARE ONLY USED FOR MAXFUND CONTACT PURPOSES AND ARE NEVER SOLD OR DISTRIBUTED.*

EMERGENCY CONTACT NAME AND PHONE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

PROFESSION: \_\_\_\_\_

OTHER LANGUAGES SPOKEN/READ/WITTEN: \_\_\_\_\_

DRIVERS LICENSE OR STATE ID # \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRATION \_\_\_\_\_

*\*CURRENT IDENTIFICATION (DRIVER'S LICENSE, STATE ID) IS REQUIRED FOR ALL VOLUNTEERS OVER 16. IDENTIFICATION WILL BE VERIFIED.*

**REFERENCES: PLEASE LIST TWO REFERENCES NOT RELATED TO YOU.**

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

HAVE YOU EVER BEEN CONVICTED OF A FELONY? Yes  No

IF YES, PLEASE EXPLAIN THE DATE OF CONVICTION, THE FELONY (FELONIES) OF WHICH CONVICTED, AND OTHER PERTINENT CIRCUMSTANCES:

DO YOU AUTHORIZE MAXFUND TO PERFORM A BACKGROUND CHECK? Yes  No

IF YOU ANSWERED "NO," PLEASE EXPLAIN WHY:

**AVAILABILITY:**

WEEKDAY DAYTIME  WEEKDAY AFTERNOONS  WEEKEND DAYTIME  WEEKEND AFTERNOONS  FLEXIBLE

ESTIMATED NUMBER OF HOURS PER MONTH YOU ARE WILLING TO COMMIT: \_\_\_\_\_

*(PLEASE NOTE, WE ASK VOLUNTEERS TO CONTRIBUTE A MINIMUM OF 4 HOURS PER MONTH)*

**PREFERRED VOLUNTEER WORK (SELECT AS MANY AS YOU'D LIKE):**

*YOU WON'T BE HELD TO THESE SELECTIONS, BUT THESE WILL GIVE US A BETTER IDEA OF WHAT YOU ARE INTERESTED IN AND WHAT YOU HOPE TO ACCOMPLISH WHILE VOLUNTEERING AT MAXFUND.*

- |  |   |
|--|---|
| <input type="checkbox"/> ADMINISTRATION (OFFICE) | <input type="checkbox"/> LOBBY GREETER                  |
| <input type="checkbox"/> ADOPTIONS               | <input type="checkbox"/> MARKETING COMMITTEE            |
| <input type="checkbox"/> BUILDING REPAIRS        | <input type="checkbox"/> MEDIA LIAISON                  |
| <input type="checkbox"/> CAT CARE                | <input type="checkbox"/> MEDICAL ASSISTANT              |
| <input type="checkbox"/> CLEANING                | <input type="checkbox"/> MOBILE ADOPTIONS               |
| <input type="checkbox"/> DOG CARE                | <input type="checkbox"/> PET VISITS (OWN PETS REQUIRED) |
| <input type="checkbox"/> DOG TRAINING (CHAMPS)   | <input type="checkbox"/> PHOTOGRAPHY                    |
| <input type="checkbox"/> FOSTER CARE             | <input type="checkbox"/> SPECIAL EVENTS/FUNDRAISING     |
| <input type="checkbox"/> HOLIDAY GIFT WRAPPING   | <input type="checkbox"/> THERAPY POOL/REHAB             |
| <input type="checkbox"/> IT/COMPUTER/TECHNOLOGY  | <input type="checkbox"/> WRITING/EDITING                |

**OTHER INTERESTS/SPECIAL SKILLS**

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**PLEASE PROVIDE DETAILS ABOUT PREVIOUS VOLUNTEER EXPERIENCE  
(ORGANIZATIONS, DUTIES, ETC.)**

**ANYTHING ELSE YOU FEEL WE SHOULD KNOW?**

**FOR OFFICE USE ONLY:**

INTERVIEWED:	ID VERIFIED:	ORIENTATION:	DOG HANDLING:	CAT HANDLING:	DB ID#/INPUT:	EMAIL LIST:	MENTOR:
APPROVED? <input type="checkbox"/>							

**MAXFUND VOLUNTEER APPLICATION & AGREEMENT**

**ACKNOWLEDGMENTS, SIGNATURE, AND WAIVER/RELEASE**

I \_\_\_\_\_ hereby apply for a position as a volunteer with MaxFund Animal Adoption Center (MAAC). I agree to volunteer a minimum of 48 hours per year (4 hours a month).

I will work with the staff, volunteer coordinator, and other volunteers to achieve MAAC goals of providing medical care for animals without known owners; promoting humane ideals toward all living creatures; and assisting other animal care organizations in accomplishing their goals. I realize I am an important resource as a volunteer and will work to maintain a mutually beneficial relationship with MAAC. I understand and agree that my services are provided to MAAC solely in a volunteer capacity and are provided without any expectation of any salary, payment, or other compensation. I understand that MAAC reserves the right to terminate the services of a volunteer for any reason.

I will familiarize myself with MAAC policies and procedures. If policies are not clear to me, I will ask an MAAC staff person for clarification. When I have suggestions for policy changes, I will direct them through appropriate channels and will not implement my suggestions until approved.

I understand that MAAC demands high standards of moral and ethical treatment of all animals within its care, and I will strictly adhere to these standards. MAAC also demands high standards of professionalism, courtesy and diplomacy when dealing with co-workers, staff and patrons and I will strictly adhere to these standards as well.

If I willfully cause damage to MAAC property, I agree to promptly reimburse MAAC for all costs incurred by MAAC as a result of such damage. I further understand that a claim can and will be filed with my insurance carrier for such damage.

I understand I may have frequent contact with the public while performing my duties, and I am a personal representative in both words and actions. I agree to allow MAAC to use any photographs taken of me for use in public relations efforts, on behalf of heirs, my personal representatives, executors, and myself. MAAC will use reasonable efforts to notify me prior to publication, but such notification is not a condition of the photographs being released for public relations purposes.

I understand that my presence on MAAC premises, and/or my activities involving the public or with animals at MAAC, may be hazardous and may involve certain risks of injury, loss, or damage. Those hazards and risks include but are not limited to:

- |  |   |
|--|---|
| Bites or scratches from dogs and cats  | Being knocked down or pulled excessively by a dog                                 |
| Injuries relating to wrist/hand/fingers/other body parts from a dog leash  | Being knocked down or attacked by an escaping animal                              |
| Slips/trips/falls resulting from wet floors/kennels or equipment   | Hitting heads on objects such as cage doors/kennel walls/hose boxes, etc.         |
| Water or cleaners sprayed in eyes  | Injuries resulting from kennel doors, equipment, etc.                             |
| Flea/tick bites or ring worm infestation   | Internal or external parasites  |
| Zoonotic illnesses (human illness contracted from animals)   | Animal illness being transmitted to my animals at home                            |
| Injuries related to lifting animals, food, litter, or equipment  | Exposure to cleaners, latex gloves, bleach, parasite control products             |
| Exposure to or incidents relating to the public or other volunteers (such as outbursts, violence, inappropriate contact) | Slip, trip, and fall hazards, and traffic-pedestrian accidents while walking dogs |
| Damage to or loss of my personal property, including car damage/theft  | Damage to clothing from animals, cages, chemicals, etc.                           |

With respect to my presence on MAAC premises, and/or my activities involving the public or with animals at MAAC, on behalf of myself and my heirs, personal representatives and executors:

1. I hereby expressly assume all risks of injury, loss, or damage to me or my personal property whether or not caused by the act, omission, negligence, or other fault of MAAC, its officers, agents, servants, employees, and other volunteers.
2. I further hereby waive, and exempt, release, and discharge MAAC, its officers, agents, servants, employees, and other volunteers from, any and all liability, claims, demands, and actions for such injury, loss, or damage, whether or not caused by the act, omission, negligence, or other fault of MAAC, its officers, agents, servants, employees, and other volunteers or by any other cause.
3. I further agree to defend, indemnify and hold harmless MAAC, its officers, agents, servants, employees, and other volunteers, from and against all liability, claims, and demands, including any third party claim asserted against MAAC, its officers, agents, servants, employees, and other volunteers, on account of injury, loss, or damage, whether or not caused by my act, omission, negligence, or other fault, or by the act, omission, negligence, or other fault of MAAC, its officers, agents, servants, employees, and other volunteers, or by any other cause.
4. I hereby acknowledge and agree that the representations and agreements in paragraphs 1-3 above extend to all acts, omissions, negligence, or other fault of MAAC, its officers, agents, servants, employees, and other volunteers, and is intended to be as broad and inclusive as is permitted by the laws of the State of Colorado. If any portion thereof is held invalid, it is further agreed that the balance shall, notwithstanding, continue in full legal force and effect.
5. I agree that jurisdiction and venue for any suit or cause of action against MAAC shall lie in the courts of Denver County, Colorado.

**By signing below, I hereby give my permission to MaxFund to verify any of the information given in this application. I also agree to hold harmless MaxFund and its officers, employees, and agents from any and all liability or responsibility arising through the investigation of my background. This authorization in original or copy form shall be valid for any such investigation.**

**Volunteer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**PARENT LEGAL GUARDIAN CONSENT OF MINOR (Under 18 years of age):** As a parent/legal guardian of the above named volunteer, I hereby give my consent as described within this contract. I have read this contract and fully understand the terms and conditions presented. On behalf of my child/ward, and myself, I agree to all terms and conditions. I will ensure that my child/ward is under my direct supervision and control at all times while volunteering for MaxFund. When dog-walking, I will remain in control of the leash at all times and not permit my child/ward to take the leash.

**Parent/Legal Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**MaxFund Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_