



## Regional Center for Animal Care and Protection Volunteer Application

Date of application: \_\_\_\_\_

The Regional Center for Animal Care and reProtection is very fortunate to have many committed volunteers. The RCACP is committed to the welfare of the lost and unwanted animals of the Roanoke Valley. We serve the public by housing and caring for animals that have become lost, impounded, or relinquished by their owners. We strive to treat every animal and citizen in our community with respect, dignity and without judgment.

**\*\*Due to unknown vaccination history of many shelter animals, volunteers must be 18 years old\*\***

### Steps to Becoming a Volunteer with for the RCACP

1. Complete and return your Volunteer Application to the RCACP Volunteer Coordinator.
2. Attend a Volunteer Orientation Session. Contact the Volunteer Coordinator by phone at 540-339-9516 or by e-mail at [volunteer@rcacp.org](mailto:volunteer@rcacp.org) to register for a session.
3. Volunteer T-shirts are required for volunteers. The shirt can be purchased for \$10 at orientation.
4. Attend additional training classes as required for specific activities.

### Personal Information

Name:		
Street Address:		
City, State, Zip:		
Home Phone:	Work Phone:	Cell Phone:
Email: ***Email is the PRIMARY source of <b>communication</b> used by the volunteer program. Please provide if possible***		
Employer:		
Occupation:		
Your age group:    18-30      31-50      51-64      64+		

### Emergency Contact

Name:	
Relationship:	Phone Number:

### References

Please provide 2 references

Name:	Phone Number:
Name:	Phone Number:

What lead you to consider volunteering for RCACP?

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Have you volunteered at any other animal welfare agency in the past?      Yes      No  
If yes, where did you volunteer and what did you do for that organization?

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Have you had any formal training in pet care, animal handling/training or animal welfare?      Yes      No  
If yes, explain:

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What are your expectations of volunteering at the RCACP?

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Briefly describe your history of pet ownership and experience with pets. List all animals currently in your home.

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Are your pets spayed/neutered?      Yes      No  
Are they current on their vaccines?      Yes      No

Volunteering at the RCACP involves contact with the public. Please list some of your experiences:

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Do you have any experiences or special skills that you are willing to share as a volunteer for RCACP?

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Do you have any limitations or disabilities that might hinder you from participation in some activities (such as heart conditions, back injury, allergies, etc.)?

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I certify that I have never been convicted of a felony; charged with or convicted of domestic abuse or neglect; charged with or convicted of animal cruelty, neglect or abandonment; or subject to a civil proceeding to terminate ownership rights in a dog, cat or other companion animal.

Signature \_\_\_\_\_ Printed Name \_\_\_\_\_

Date \_\_\_\_\_

## Please mark your areas of interest

- Cat Socialization
- Front Desk / Lost and Found
- Networking to Rescue
- Shelter Aide / Kennel Assistant
- Digital Photography of available animals
- Dog Walking
- Off-site Adoption Events

## Availability

- Weekdays
- Weekends
- Mornings
- Afternoons

\*\*Our volunteers are expected to commit to one shift per month. Shifts ranges between 2 to 4 hours depending on the assignment.

## ZOONOTIC DISEASE DISCLOSURE

Zoonotic diseases are those that can be passed from other species to humans. Examples are ringworm, tapeworm, roundworms and rabies. We impress upon all volunteers that safe handling techniques and hygiene are important elements of protecting ourselves from these diseases. Washing hands after handling any animal is critical. Please understand that many of the animals arriving at the shelter have had no previous veterinary care and may expose you to disease. While the occurrence of disease transmission is rare, please understand that the RCACP cannot assume financial, medical, or veterinary responsibility for any transmissions that may occur to yourself, your family or companion animals.

Anyone who is pregnant or may become pregnant or has a compromised immune system should consult their physician before volunteering with the RCACP.

## **Regional Care for Animal Care and Protection Volunteer Liability Waiver**

In anticipation that you will be accepted in the RCACP Volunteer program, please read and sign the below agreement.

I, \_\_\_\_\_, agree to accept a position as a volunteer for the Regional Center for Animal Care and Protection (RCACP). I agree to comply with all of the policies, rules, and regulations including any which may be established from time to time by RCACP. I understand that failure to do so may result in my immediate termination as a volunteer.

I acknowledge that my services are provided strictly on a volunteer basis, without any pay or compensation of any kind, and without any liability of any nature on behalf of the RCACP, all services to be performed by me at my own risk.

I recognize that volunteering at the RCACP may place me at risk and that, because I may handle animals, it is important for me to speak with my physician about the tetanus and rabies pre-exposure vaccinations. I hereby release, indemnify and hold harmless the RCACP, the City of Roanoke, the County of Roanoke, the County of Botetourt, the Town of Vinton, any other municipality holding animals at the RCACP, and their respective offices, directors, employees, volunteers or agents from any and all claims, cause of action or demands based on any damages or injuries (including but not limited to animal bites or scratches) I may incur in connection with my volunteer services at the RCACP. I understand if I am injured while acting as a volunteer I am not covered by Virginia State Workers Compensation Law.

Printed Name \_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_