

Clatsop County Animal Shelter Volunteer Agreement

In signing this agreement, I understand and agree to the following:

I will treat all animals, people, and property I come in contact with at Clatsop County Animal Shelter with respect. I will refrain from using profanity and conduct myself with courtesy at all times.

I will be on time for my scheduled shift. I will sign in and sign out for my shift at the Volunteer Station and report via email or phone any additional time I spend for CCAS-related activities offsite.

I agree to commit to volunteering a minimum of 12 hours per month for the first three (3) months, then strive to continue to reach 8 hours monthly after that. When I am no longer able to volunteer at the shelter, I will contact the volunteer coordinator.

I will wear a Clatsop County Animal Shelter apron while volunteering. I will come appropriately dressed, wearing close-toed shoes, pants, and clothing appropriate for my position. **If I am wearing shorts or open toed shoes I may be asked to leave due to safety risks.** Because each volunteer is a representative of CCAS in the eyes of the public, we ask that volunteers have no visible tattoos of an offensive nature. For safety reasons, we ask that volunteers cover or refrain from wearing visible body piercings, except for ears.

I agree to be supervised by the Volunteer Coordinator or a designated staff person. If I feel that a communication problem exists between paid staff and myself, I will report the problem to the Volunteer Coordinator as soon as possible.

I give permission to the Clatsop County Animal Shelter to use photographs or video footage of my volunteer activities.

I understand that as a volunteer I may gain access to information about CCAS, customers, or staff that is confidential. I agree to maintain confidentiality and to refuse disclosure of any information that is either private or personal.

Volunteering at Clatsop County Animal Shelter is at-will. Active volunteer status at CCAS may be terminated for any reason, with or without cause or notice, at any time by either parties-the volunteer or CCAS. I understand that if I have no reported hours for six (6) months, my active status as a volunteer will be removed.

Volunteer Signature

Date

Print name

Parent/Guardian Signature (if under 18 years)

Date

Print Parent/Guardian name