



## Franklin County Sheriff's Regional Dog Shelter Volunteer Application

Name: Last \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_

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

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

Telephone: Resident (\_\_\_\_) \_\_\_\_\_ Cell (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_/\_\_\_/\_\_\_\_ Gender: Female Male

Driver's License Number: \_\_\_\_\_ State Issued: \_\_\_\_\_

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

Emergency Contact: \_\_\_\_\_ Telephone: (\_\_\_\_) \_\_\_\_\_

Previous Volunteer Work: \_\_\_\_\_  
\_\_\_\_\_

Have you ever been convicted of a felony? Yes No

If yes, when and what charges: \_\_\_\_\_

Area of interest as a volunteer: \_\_\_\_\_

Indicate time availability: \_\_\_\_\_

Volunteer Contact: [fcsodogshelter@gmail.com](mailto:fcsodogshelter@gmail.com) Email for orientation time & Date

*By affixing my signature below, I certify that the above information is accurate and understand that a sheriff's office official will conduct a Criminal Offender Record Information (C.O.R.I.) check.*

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

**Note:** we cannot accept digitally signed signatures. It MUST be a hand written signature

**OFFICIAL USE ONLY**

\_\_\_\_ Approved \_\_\_\_ Not Approved

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



*Christopher J. Donelan, Sheriff*

## **Franklin County Sherriff's Office Regional Dog Shelter Volunteer Agreement and Waiver of Liability**

(Must be signed in the presence of the Shelter Director/Designee)

For and in consideration of the undersigned being given the opportunity to participate as a volunteer with the Franklin County Sheriff's Office Regional Dog Shelter(FCSO), the undersigned, in order to avail himself or herself of the opportunity to volunteer, recognizes and assumes any and all risks pertaining thereto, and hereby releases the FCSO, and all officials, officers and personnel of the Sheriff's Office and the Commonwealth of Massachusetts from any and all liability whatsoever for injuries, damages and claims the undersigned, his/her heirs, dependents and assigns may sustain in any way during the course of their volunteer work with the FCSO Regional Dog Shelter.

I am aware that the Regional Shelter Program will involve exposure to animals kept at the FCSO Regional Dog Shelter and hereby release the FCSO from and against any and all liability arising out of or connected in any way with my participation in the program.

I acknowledge that I have received a copy of the FCSO Volunteer Handbook and I understand my responsibility to familiarize myself with its provisions.

I agree to abide by the Volunteer Handbook including but not limited to: ensuring confidentiality of all clients and staff of FCSO, executing safe animal handling skills at all times, and communicating any scheduling changes as soon as they occur. I also agree to refrain from releasing any information pertaining to unavailable animals housed by FCSO. If I am responsible for a volunteer age of 16, I will be in charge of supervising that child at all times and ensuring his/her safety as well as the animals involved. I understand that if I fail to meet any or all of these requirements, I may be asked, at any time, to leave the program. I also give the FCSO and any person acting for or through them, the rights to use, reproduce, assign, and/or distribute photographs, films, videos and sound recordings of myself for use in materials that they may create.

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Volunteer Signature and Date

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Please Print Name

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Parent or Guardian Signature (if under 18) and Date