

VOLUNTEER AGREEMENT

_____ My services to St Louis County Animal Care and Control (“ACC”) are provided strictly on a volunteer level, and without any express or implied promise of salary, compensation, or any other form of payment of any kind whatsoever, and I have no employment status of any kind with St Louis County related to my activities with ACC.

_____ I understand that my volunteer status may be revoked or changed at any time with or without reason.

_____ I will learn and familiarize myself with the policies of St Louis County and the ordinances of St Louis County as they pertain to Animal Control and agree that I will adhere to and follow all set rules and guidelines. I understand that the highest level of respect and ethical treatment to the staff and animals, my peers, and members of the public is expected.

_____ I will follow all set policies, procedures, and safety precautions of ACC, and I will follow instructions and/or direction given to me by the staff of ACC.

_____ I acknowledge I have read and signed the ACC Confidentiality Agreement.

_____ I understand and acknowledge that in handling animals and performing volunteer tasks at ACC, there is a risk of physical harm to myself or to the animals. On behalf of myself, my heirs, personal representatives and assigns, I hereby release, discharge, indemnify and hold harmless St Louis County, Missouri, its management, officers, employees and agents from any and all claims, causes of actions and demands of any nature, whether known or unknowns, arising out of or in connection with any volunteer activities by me on behalf of ACC.

_____ I will not represent ACC outside of my volunteer duties on any level without the written permission of the Director of ACC, Director of Communicable Disease Services, or Director of Public Health.

_____ I give permission to St Louis County to conduct any background checks or reference checks on me personally or professionally pertaining to my volunteer status at ACC.

_____ I will report any bites, scratches, or breaking of the skin to staff of any person handling an animal during time in the Shelter.

_____ I give permission to St Louis County to use my image, any picture, video, or other recording of me while volunteering for publication and/or distribution

_____ I have read the Volunteer Manual, the above agreement, and understand and agree to abide by the Volunteer Manual and Volunteer Agreement. I understand that any violation of the Volunteer Manual or of this Volunteer Agreement is cause for loss of ACC Volunteer privileges.

Volunteer Name (print)

Volunteer Signature

Date

If the Volunteer is under the age of 18, a parent or guardian must sign below, confirming that that the undersigned has read the Volunteer Manual, the above agreement, and understands and agrees to abide by the Volunteer Manual and Volunteer Agreement.

Parent/Guardian Name (print)

Parent/Guardian Signature

Date