NO PAWS LEFT BEHIND ANIMAL SHELTER
69 Hodges Cross Rd
North Adams, MA 01247
contact@nopawsleftbehindas.org
413-412-9313

Volunteer Application

All volunteers must be 18 years or older to volunteer for No Paws Left Behind Animal Shelter.

Personal Information

Applicant's full name: _____

I am over 18 years of age: Yes ___ No _____
Date of birth: _____

Full home Address: _____ City _____
State _____ Zip _____

Home phone: _____Cell: _____Work:_____

Email address: _____

Emergency Contact:_____

Animal Handling Experience

Please describe your experience with pet ownership or in working with animals. NOTE: Experience is not a requirement.

Volunteer Interest

Please check all that apply and circle your preferred choice:

- ☐ Dog walker
- ☐ Cat socialization
- ☐ Fundraisers/public relations
- ☐ Foster home

What times and days of the week would work best for you? Please make a check in the column that fits you. (MINIMUM OF 1 HOUR PER WEEK):

	12-1	1-2	2-3	3-4	4-5
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

Are you volunteering through a program or for community service? (If yes, explain):
Yes___ No___ Explain_____

Do you have any health concerns we may need to know?_____

Thank you for applying to volunteer for No Paws Left Behind!

Name:_____ Signature:_____
Date:_____

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Volunteer Agreement

In consideration for being allowed to participate in No Paws Left Behind Animal Shelter's Volunteer Program, as a volunteer, for myself, my heirs, executors, and administrators, agree to protect in all legal actions, indemnify, release and hold harmless, the Shelter Board, the City of North Adams and North Adams Police Department, including its officers, assigns, successors, agents or employees from and against any and all actions, claims, demands, damages, costs, loss of services, expenses, compensations or loss to persons or property, resulting, directly or indirectly, from my participation in the Program.

By signing this Agreement, I acknowledge that entry into a dog kennel and the handling of dogs and cats may present certain dangers, including but not limited to, injury to person and property as a result of dog or cat bites, and other aggressive animal behavior and exposure to contagious diseases and illnesses carried or spread by dogs or cats and that in the course of my participation in the Program, I may be exposed to same. I understand that it is my responsibility to decline to do any task that I do not feel safe doing. I hereby warrant to the City of North Adams that I am fully aware of all dangers associated with my participation in the Program, whether or not such dangers are expressly stated in the second paragraph of this Agreement, or discussed with Shelter Representatives, and as such, I agree that I shall participate in the Program at my own risk.

I hereby acknowledge that although I may provide certain services to the No Paws Left Behind Animal Shelter as a volunteer, I shall not be considered an employee of the No Paws Left Behind Animal Shelter. No rights or benefits of an employee shall accrue or be vested in me under any personnel policies or benefit plans maintained by the No Paws Left Behind Animal Shelter or the City of North Adams in the nature of benefits under the Workers' Compensation Act for any accident, illness, or event occurring in or relating to No Paws Left Behind, and arising out of my participation in the Program.

By signing this Agreement I also agree to the following:

1. I will serve as an Ambassador for the No Paws Left Behind Animal Shelter, working to build the reputation of the shelter in the community.
    a. I agree to perform my services in the Program with the utmost degree of care and diligence, with kindness to animals, fellow volunteers and the public.

b. I will positively represent the shelter in my interactions and conversations both in the shelter as well as the broader community.

c. I will provide constructive feedback to the shelter staff and/or the Operational Committee members of the Board of Directors to help improve the shelter.

2. My duties as a volunteer shall be determined by the Shelter Manager, or her/his designee.

a. I agree to be supervised by the Shelter Manager, or her/his designee.

b. The days and hours of my participation in the Program shall be determined by the Shelter Manager or her/his designee.

c. I agree to immediately report to the Shelter Manager or her/his designee any and all instances of mistreatment, abuse, or neglect of animals under the care of the No Paws Left Behind Animal Shelter.

d. I understand that this Agreement may be terminated immediately by the Shelter Manager with or without justifiable cause at any time and without written notice.

3. I understand that this Agreement shall be construed in accordance with the laws of the Commonwealth of Massachusetts, without giving effect to its conflict of laws provisions.

4. I understand that I must be over the age of 18 years old to participate in the Program.

5. I understand that this Agreement represents the entire understanding between the No Paws Left Behind Animal Shelter and me with respect to the subject matter addressed herein and supersedes and cancels all previous agreements.

Volunteer Name:_____

Volunteer Signature: _____ Date: _____