



Madison County Animal Services

MCAS is a government funded shelter that accepts and cares for all animals in need including strays and owner surrenders and promotes responsible pet ownership for a more humane community in Madison County.

VOLUNTEER APPLICATION

Madison County Animal Services
389 Long Branch Rd
Marshall, NC 28753
Phone: 828-649-3190 Fax: 828-649-3259
www.MadisonCountyNC.org

Volunteer Questions:
Shelter@madisoncountync.gov
Foster Questions:
Epayne@madisoncountync.gov

*****Only fully completed applications will be considered.**

Do you have medical insurance? Yes No

Full Name: _____ Date: _____

Address: _____ Apt #: _____ City: _____

State: _____ Zip: _____ Email: _____

Date of Birth: _____ *Note: You must be 16 yrs+ to volunteer in the shelter independently.*

Home Phone: _____ Cell Phone: _____

Occupation: _____ Employer: _____

Employer's Phone: _____ Highest Level of Education Completed: _____

Emergency Contact Full Name: _____

Emergency Contact Phone Number: _____ Relationship: _____

Why are you interested in volunteering at MCAS?

Please explain any experience you have handling animals. Include any experience handling larger dogs.

Please list any special skills that you think may be useful to volunteering here.



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How did you first hear about MCAS? _____

Have you ever volunteered or worked for MCAS in the past? If yes, what tasks did you perform? If yes, why did you leave? _____

Are you presently volunteering, or have you previously volunteered, for any community or charitable organization? If so, which organizations, and what were your tasks? _____

Are you volunteering to complete:
Court-ordered community service? Yes No
Graduation requirement or school project? Yes No
Internship? Yes No

If yes to any, please explain. _____

Do you have any health conditions (physical, mental, or emotional) that may prevent you from performing certain tasks? If yes, please explain the condition(s), and any special accommodations you may need.

Have you ever been convicted of:
An animal abuse offense? Yes No
A drug offense? Yes No

If yes to any, please explain. _____

Have you ever been terminated from a volunteer or paid position? If yes, please explain.

MCAS is an “open admission” shelter, meaning we must take in any animal coming through our doors. In a given year, we take in upwards of 3,000 animals. The volunteer program was formed to assist shelter staff in caring for them while they are housed at the shelter, providing exercise, enrichment, and love. Together we will work toward saving all healthy and treatable animals. Please understand that we are not a “no-kill” facility, however we work tirelessly to avoid the euthanasia of all healthy and adoptable animals that come into our facility. As a volunteer, we ask that you compliment and support our efforts. It is against our policy to place any of our animals on Craigslist or “yard sale” type pages on Facebook or any other venue without express written permission from the Director. Our staff posts our animals on our Facebook page, along with any pertinent information about the animal along with the home that would be best suited for the animal. You are welcome and encouraged to follow us on Facebook and share those posts.



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Please check ALL areas you are interested in volunteering in:

Animal Care Volunteer:

- Cat Enrichment (Plays, socializes, grooms, etc)
- Dog Enrichment (Walks, plays, socializes, grooms, etc)
- Scheduled Group Dog Walking Program
- Laundry
- Dishes
- Transporter (Transport animals to vets, rescues, foster parents, events, etc)
- Animal Caretaker (Assist in cleaning of animal kennels)
- Trainer (Train basic behaviors, etc)
- Play Group (Assist in our off-leash playtime for dogs)

Other:

- Painting
 - Landscaping
 - Other _____
-

Availability:

What days are you available? M___T___W___TH___F___SA___SU___

What hours are you available?

Are you interested in volunteering long term regularly or short term? _____

Reference Name _____ Number _____ Relation _____

Reference Name _____ Number _____ Relation _____

All volunteer applications are reviewed by the Volunteer Coordinator. Selection of volunteers is based on the interests and skills of the volunteer, ability to demonstrate a commitment to the volunteer program, and current needs of the organization. Volunteers who are willing to commit to a set schedule will be given first consideration.

Please note that this is not a contract of employment and that volunteering for Madison County Animal Shelter is "at will". You, or the shelter, may terminate your volunteering duties at any time, for any reason.



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WAIVER

I ACKNOWLEDGE THAT BY SIGNING THIS APPLICATION, I AM ASSUMING RISKS, AND AGREEING TO INDEMNIFY, NOT TO SUE, AND RELEASE FROM LIABILITY MADISON COUNTY AND ITS RESPECTIVE AGENTS, OFFICERS AND EMPLOYEES (HEREINAFTER "RELEASEES") FROM ANY AND ALL CLAIMS THAT I MAY HAVE ARISING OUT OF MY ACTIVITIES AS A VOLUNTEER FOR THE MADISON COUNTY ANIMAL SHELTER AND THAT I AM GIVING UP SUBSTANTIAL LEGAL RIGHTS. THIS APPLICATION AND WAIVER IS A CONTRACT WITH LEGAL AND BINDING CONSEQUENCES AND APPLIES TO ALL ACTIVITIES IN WHICH I MAY ENGAGE AS A VOLUNTEER WITH THE MADISON COUNTY ANIMAL SHELTER. I HAVE READ IT CAREFULLY BEFORE SIGNING AND I UNDERSTAND WHAT IT MEANS AND AM AGREEING TO BY SIGNING. I FURTHER HEREBY WAIVE, RELEASE, DISCHARGE, HOLD HARMLESS, AND PROMISE TO INDEMNIFY AND NOT SUE THE RELEASEES AND FURTHER RELEASE, DISCHARGE, AND HOLD HARMLESS AND INDEMNIFY SAID RELEASEES FROM ANY AND ALL RIGHTS AND CLAIMS THAT I MAY HAVE, INCLUDING CLAIMS ARISING FROM RELEASEES' OWN NEGLIGENCE TO ITS TERMS BY SIGNING.

APPLICANT SIGNATURE

DATE

AGE

CONSENT AND RELEASE OF PARENT OR GUARDIAN

I AM THE PARENT OR GUARDIAN OF _____, HEREINAFTER "CHILD". MY CHILD IS FIT TO SERVE AS A VOLUNTEER AND I CONSENT MY CHILD'S PARTICIPATION AS A VOLUNTEER. I HAVE READ AND I UNDERSTAND THE ABOVE WAIVER. IN CONSIDERATION OF ALLOWING MY CHILD TO PARTICIPATE, I AGREE THAT THE TERMS OF THE WAIVER SHALL LIKEWISE BIND ME, MY CHILD AND OUR HEIRS AND ASSIGNS. I HEREBY RELEASE AND SHALL DEFEND, INDEMNITY AND HOLD HARMLESS THE RELEASEES FROM EVERY CLAIM AND ANY LIABILITY THAT I OR MY CHILD MAY ALLEGE AGAINST THE RELEASEES AS A RESULT, DIRECT OR INDIRECT, OF ANY INJURY TO ME OR MY CHILD CONNECTED TO MY CHILD'S PARTICIPATION AS A VOLUNTEER, WHETHER CAUSED BY THE NEGLIGENCE OF THE RELEAEES OR OTHERS.

SIGNATURE OF PARENT OR GUARDIAN

DATE