



State of New York  
County of Broome Government Offices

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Broome County Dog Shelter

Jason T. Garnar, County Executive · Brian R. Norris, Director ·

Kelly L. Conlon, Shelter Manager

## Dog Shelter Volunteer Application

### Volunteer Candidate Information

Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

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

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

E-mail Address: \_\_\_\_\_

### Availability (Please select the days and time you are available)

- |                                    |                     |                             |
|------------------------------------|---------------------|-----------------------------|
| <input type="checkbox"/> Monday    | Time: _____ - _____ | Available start date: _____ |
| <input type="checkbox"/> Tuesday   | Time: _____ - _____ |                             |
| <input type="checkbox"/> Wednesday | Time: _____ - _____ |                             |
| <input type="checkbox"/> Thursday  | Time: _____ - _____ |                             |
| <input type="checkbox"/> Friday    | Time: _____ - _____ |                             |
| <input type="checkbox"/> Saturday  | Time: _____ - _____ |                             |
| <input type="checkbox"/> Sunday    | Time: _____ - _____ |                             |

### Volunteer Duties:

- Dog Walking (all sizes and breeds)
- Laundry
- Dishes



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### **In Case of Emergency**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

The information contained in the application is true and accurate to the best of my knowledge. I authorize Broome County Government Security Division to verify any of the information provided above.

I understand that submitting this application does not guarantee placement in this volunteer program. I also understand that placement decisions are at the discretion of the Broome County Dog Shelter Manager.

Applicants under the age of eighteen (18) will only be accepted if enrolled in the Broome Tioga Boces Animal Science Program.

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



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### **Broome County Dog Shelter Volunteer Release and Waiver of Liability**

This Release and Waiver of Liability has been executed on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_ (the "Volunteer") in favor of Broome County and the Broome County Dog Shelter ["Shelter"], their debtors, officers, directors, employees, volunteers, agents (collectively, "the County") and members.

The Volunteer desires to work as a volunteer at the Shelter and engage in the activities related to being a volunteer. The volunteer understands that the activities may include working with dogs/animals that were previously unwanted. These animals may have been rescued from a cruel, dangerous, or unhealthy situation. The County cannot be completely sure that the animals are completely well or have not been exposed to illness or disease. The County cannot guarantee the personalities or temperaments of these animals. The activities may also include cleaning the shelter facilities and grounds, loading and unloading supplies, and transportation to and from the shelter and event sites.

The Volunteer understands that the behavior of animals is sometimes unpredictable and that some animals are capable of inflicting serious personal injury or death, as well as extensive property damage. Additionally, the Volunteer understands that exposure to animals may cause illness and/or disease.

The Volunteer understands that the activities include work that may be hazardous to the volunteer, including, but not limited to those mentioned in the above paragraphs. The Volunteer hereby expressly and specifically assumes the risk of injury or harm in the activities and releases the County from all liability for injury, illness, death, or property damage as a result of these activities.

The Volunteer understands that, except as otherwise agreed to by the County in writing; the County does not carry or maintain health, medical, or disability insurance coverage for any volunteer. Each volunteer is expected and encouraged to obtain his or her own medical/health coverage.

The Volunteer does hereby release and forever discharge and hold harmless the County, and its debtors, officers, directors, employees, volunteers, agents and members from any and all liability, claims, and demands of whatever nature, either in law or equity, which may arise or may hereafter arise from the volunteer's activities with the Shelter. The Volunteer understands that this release discharges the County from any liability or claim that the Volunteer may have against the County with respect to bodily injury, personal injury, illness, death, or property damage that may result from volunteer activities with the Shelter.



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The Volunteer also understands that the County does not assume any responsibility for or obligation to provide financial assistance or other assistance including, but not limited to, medical, health, or disability insurance in the event of an injury or illness.

Volunteer expressly agrees that this release is intended to be as broad and inclusive as permitted by the laws of the State of New York, and that this release shall be governed by and interpreted in accordance with the laws of the State of New York. Volunteer agrees that in the event that any clause or provision of this release shall be held to be invalid by any court of competent jurisdiction, the invalidity of such clause or provision shall not otherwise affect the remaining provisions of this release which shall continue to be enforceable.

**In witness thereof**, the Volunteer has executed this release as of the day and year above written.

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

Volunteer's Signature: \_\_\_\_\_

Witness Name: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

### **If volunteer is under 18:**

Parent/Guardian First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Parent/Guardian's Signature: \_\_\_\_\_



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Department: \_\_\_\_\_

Contact Person: \_\_\_\_\_

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_, herby authorize RELEASE of all information about myself from any source deemed necessary, to a representative of the Broome County Government Security Division (hereinafter "Security"), prior to my being considered for employment by Broome County Government.

Further, I hereby authorize Security to RELEASE all information they obtain to all employers within Broome County Government I have applied for employment.

This RELEASE includes, but is not limited to:

- \_\_\_\_\_ **CRIMINAL HISTORY**
- \_\_\_\_\_ **CREDIT PROFILE**
- \_\_\_\_\_ **DRIVER'S LICENSE CHECK**
- \_\_\_\_\_ **OTHER**

ONLY RELEVANT INFORMATION OBTAINED THROUGH THIS INVESTIGATION SHALL BE CONSIDERED FOR EMPLOYMENT PURPOSES.

<p>HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?</p> <p>YES _____ NO _____</p>
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\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
DATE OF BIRTH

\_\_\_\_\_  
SOCIAL SECURITY NUMBER

\_\_\_\_\_  
DRIVERS LICENSE NUMBER & STATE ISSUED

\_\_\_\_\_  
ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN