

## **COMMUNITY SERVICE RULES & REGULATIONS**

When performing community service with Antietam Humane Society you will be treated as an employee and must behave as one. The following are very specific rules that must be followed:

- Proper paperwork from the agency ordering community service hours will be completed and presented to AHS.
- No one under the age of 16 can perform any type of community service at AHS.
- A specific work schedule will be required
- Preferred hours for community service would be in the mornings, 6 days per week, from 8:00 a.m. until 12:00 p.m. Other hours are available on a case-by-case basis.
- You are expected to arrive and depart at the scheduled times. Tardiness will not be accepted. Failure to show up for work at the designated times will result in the end of your community service with AHS. In case of illness, a doctor's note may be required.
- Proper attire is required. Clothing must cover the body and shoes must cover the feet. No short shorts, no low-cut tank tops, no halter-tops, no shirts that show your stomach, no tight clothing, no sandals, no long necklaces or earrings.

## **VOLUNTEER GENERAL RULES**

We welcome you to Antietam Humane Society (AHS) and thank you for your interest in volunteering with us.

Safety is our number one concern so there are very important rules that must be followed when volunteering at AHS. Please review the following information:

- Volunteers are only permitted in the following areas if unsupervised by an AHS staff member: main dog kennel, main cat room; visiting room; laundry room; kitchen; outside fenced-in areas.
- Volunteers are not permitted in the following areas at any time: rear dog kennels and cat holding area.
- Volunteers must wear appropriate footwear, which is suitable for the specific working conditions at AHS. Volunteers are prohibited from wearing open-toed shoes, sandals or flip-flops. Volunteers are recommended to wear close-toed shoes or boots.
- Volunteers are only permitted to walk one dog at a time. If you are entering or exiting the building while walking a dog, and encounter another dog, please keep your dog well away from the other dog. We want no dogfights!
- Volunteers must leave the visiting room or the play yard if asked to leave, so a potential adopter can spend quality time with a pet.
- Volunteers must always be respectful and courteous when dealing with the public. If customers ask you questions about animals, refer them to an AHS staff member. **DO NOT** attempt to answer questions from the public.
- Do not attempt to handle any “new animals” that are surrendered to AHS during your shift. Such “new animals” are referred to as incoming.”
- Intentional mishandling of any animal - screaming, slamming cage or kennel door, rough handling - will be cause for immediate termination of volunteer services.
- The possession, use or sale of drugs or alcohol on AHS property is strictly prohibited.

## **VOLUNTEER SAFETY RULES**

- Discuss with your physician the need for a tetanus vaccination and a rabies pre-exposure vaccination. The decision whether or not to be vaccinated is a personal decision to be made prior to starting work in the shelter.
- When handling animals in the Shelter, only work in the following areas if unsupervised by an AHS staff member: main dog kennel; main cat room; visiting room; laundry room; kitchen; outside fenced-in areas.
- Do not handle dogs above your experience or training level.
- When handling dishes or bedding that may contain animal waste, it is recommended that you wear protective gloves such as latex gloves.
- Never attempted to break0up a dogfight or catfight. Instead, immediately inform an AHS staff member of the fight.
- Approach every animal as though it could bite or scratch you. Your best defense against injury is caution.
- Volunteers must immediately report any bite, scratch or other injury, however slight, to AHS management. Following the administration of first aid, such Volunteer is strongly encouraged to contact an appropriate health0care provider. An incident report form will be filled out by AHS management.
- Wash your hands before and after handling each animal. Consistent, thorough hand hygiene is the single most important measure that can be taken to reduce the risk of disease transmission.
- Your pets at home must be current on all vaccinations.
- Volunteers must wear appropriate footwear, which is suitable for the specific working conditions at AHS. Volunteers are prohibited from wearing open-toed shoes, sandals or flip-flops. Volunteers are recommended to wear closed-toed shoes or boots.

**VOLUNTEER  
RELEASE FORM**

As a volunteer for Antietam Humane Society, I hereby knowingly, freely and voluntarily waive my right or cause of action of any kind whatsoever against the Antietam Humane Society, its agents or employees, for any injury, illness or disease I might contract or sustain while I am volunteering.

I understand that I am *not* covered by workman's compensation insurance.

I understand that Antietam Humane Society makes no representation concerning any animals' exposure to rabies or other communicable disease.

I fully recognize and assume the possible dangers associated with the work at the Antietam Humane Society.

I understand that I may be asked to leave the Shelter immediately if any of the Shelter rules are violated.

\_\_\_\_\_

Last Name, First Name, Middle Name

\_\_\_\_\_

Date of Birth

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Parent or Guardian (if under 18)

\_\_\_\_\_

Date

**Volunteer Waiver of Liability  
(Adult Participant)**

In exchange for the value and benefit of services received, including my participation in activities conducted by or on behalf of **Antietam Humane Society** (AHS), I have read, understand, and willingly sign this Waiver. I acknowledge that my participation in any activity conducted by, on the premises or, or for the benefit of, AHS has certain inherent risks, which I voluntarily assume. I acknowledge that **handling animals, including dogs and cats**, has certain inherent dangers and poses a risk of serious injury or death. I agree to follow any instructions given or rules established by AHS or its employees or agents with regard to participation in any activities conducted by, or on the premises of, or for the benefit of AHS.

I hereby indemnify, release, hold harmless and forever discharge AHS and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages or liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any activities conducted by, on the premises of, or for the benefit of AHS; *provided*, that this Waiver of Liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. This Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Waiver will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of AHS, whether by agreement, by operation of law, or otherwise.

This Waiver is governed by the laws of the Commonwealth of Pennsylvania and is intended to be as broad and inclusive as is permitted by the laws of such Commonwealth. If any provision of this Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between such parties concerning the subject matter of this Waiver. The provisions of this Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. Any claim or controversy that arises out of or related to this waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the nearest chapter of the American Arbitration Association or similar group for binding unappealable arbitration in accordance with its current rules and procedures.

I understand that workman's compensation insurance coverage is *not* provided to any person performing volunteer services at AHS.

I am of lawful age and legally competent to sign this document; I understand the terms herein; I understand and agree to abide by the Volunteer General and Safety Rules provided to me; and I have signed this document on my own free will. I am not under the influence of drugs, alcohol or any mind altering substances that would render me incapable of understanding this Waiver.

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number(s)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Antietam Humane Society, Inc.

\_\_\_\_\_  
Date

**Volunteer Waiver of Liability  
(Minor Participant)**

In exchange for the value and benefit of services received, including my participation in activities conducted by or on behalf of Antietam Humane Society (AHS), I have read, understand, and willingly sign this Waiver. I acknowledge that my participation in any activity conducted by, on the premises or, or for the benefit of, AHS has certain inherent risks, which I voluntarily assume. I acknowledge that handling animals, including dogs and cats, has certain inherent dangers and poses a risk of serious injury or death. I agree to follow any instructions given or rules established by AHS or its employees or agents with regard to participation in any activities conducted by, or on the premises of, or for the benefit of AHS.

I hereby indemnify, release, hold harmless and forever discharge AHS and its agents, employees, officers, directors, affiliates, successors and assigns, of and from any and all claims, demands, debts, contracts, expenses, causes of action, lawsuits, damages or liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have, arising from or in any way related to my participation in any activities conducted by, on the premises of, or for the benefit of AHS; *provided*, that this Waiver of Liability does not apply to any acts of gross negligence, or intentional, willful or wanton misconduct. This Waiver is binding upon me, my heirs, executors, legal representatives, successors and assigns. The provisions of this Waiver will continue in full force and effect even after the termination of the activities conducted by, on the premises of, or for the benefit of AHS, whether by agreement, by operation of law, or otherwise. This Waiver is governed by the laws of the Commonwealth of Pennsylvania and is intended to be as broad and inclusive as is permitted by the laws of such Commonwealth. If any provision of this Waiver is held invalid or unenforceable by a court of competent jurisdiction, the remaining provisions will continue to be fully effective. This Waiver contains the entire agreement between the parties, and supersedes any prior written or oral agreements between such parties concerning the subject matter of this Waiver. The provisions of this Waiver may be waived, altered, amended or repealed, in whole or in part, only upon the prior written consent of all parties. Any claim or controversy that arises out of or related to this waiver or the alleged breach of it, and which cannot be settled by the parties, will be settled by submission to the nearest chapter of the American Arbitration Association or similar group for binding unappealable arbitration in accordance with its current rules and procedures.

I understand that workman's compensation insurance coverage is *not* provided to any person performing volunteer services at AHS.

I am of lawful age and legally competent to sign this document; I understand the terms herein; I understand and agree to abide by the Volunteer General and Safety Rules provided to me; and I have signed this document on my own free will. I am not under the influence of drugs, alcohol or any mind altering substances that would render me incapable of understanding this Waiver.

\_\_\_\_\_  
Name of minor (Please print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone Number(s)

I, \_\_\_\_\_, the \_\_\_\_\_ of \_\_\_\_\_, a minor,  
(Name of parent/legal guardian) (Relationship to minor) (Name of minor)

On behalf of the minor and his/her heirs, executors or administrators and assigns, fully indemnify, release, hold harmless and forever discharge AHS and its agents, employees, officers, directors, affiliates, successors and assigns of and from any and all claims, demands, debts, contracts, expenses, causes of actions, lawsuits, damages or liabilities, of every kind and nature, whether known or unknown, in law or equity, that I ever had or may have on behalf of the aforementioned minor, arising from or in any way related to the aforementioned minor's participation in any activities conducted by, on the premises of, or for the benefit of AHS. I am of lawful age and legally competent to sign this document; I understand the terms herein; and I have signed this document on my own free will.

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_  
Date

**COMMUNITY SERVICE RELEASE FORM**

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

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

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

Age of person performing community service: \_\_\_\_\_

\*\*Community Service volunteers must be at least 16 years of age.

Home phone: \_\_\_\_\_ Work phone: \_\_\_\_\_

Is it ok to contact you at work? Yes No (circle one)

Days and times available to help:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
_____am	_____am	_____am	_____am	_____am	_____am
_____pm	_____pm	_____pm	_____pm	_____pm	_____pm

Do you have any limitations (heavy lifting, limited walking, allergies, etc.)?

Yes No (circle one)

If yes, explain: \_\_\_\_\_

Physician: \_\_\_\_\_

Phone no: \_\_\_\_\_

In case of emergency, call: \_\_\_\_\_

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

Phone: \_\_\_\_\_

Current Occupation: \_\_\_\_\_

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

Reason for community service (circle one)

Community Service for school

Court ordered Community Service

What is your experience with animals? \_\_\_\_\_

Have you ever been convicted of a felony or misdemeanor? Yes No (circle one)

If yes, explain: \_\_\_\_\_

Did you read our Community Service Rules and Regulations? Yes No (circle one)

Did you read our Volunteer General and Safety Rules? Yes No (circle one)

Do you have any questions concerning these rules and regulations? Yes No (circle one)

If yes, please state your questions: \_\_\_\_\_

\_\_\_\_\_

**Please read the following section carefully and if you understand and agree to the terms, sign and date.**

As a community service person for Antietam Humane Society, I hereby knowingly, freely and voluntarily waive my right or cause of action of any kind whatsoever against Antietam Humane Society, it's agents or employees for any injury, illness, or disease I might contract or sustain while performing my community service. I also understand that I am NOT covered by workman's compensation insurance.

I fully recognize and assume the possible dangers associated with the work of the Antietam Humane Society. I agree to notify staff immediately if I am bitten, scratched, otherwise injured or become ill during my volunteer service.

I will treat all animals with respect and care and follow all AHS rules.

I understand that any time I am working in a volunteer capacity with AHS, I am acting as a representative of the organization and will present myself and behave in an according manner.

I understand that I may be asked to leave the Shelter immediately if I violate any of the rules and that my position may be terminated.

Antietam Humane Society makes no representations concerning any animals' exposure to rabies or other communicable diseases.

I agree to the above statements, terms and conditions on becoming a community service volunteer at AHS.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Legal Guardian (if under 18)

\_\_\_\_\_  
Date