



SOUTHERN PINES ANIMAL SHELTER

Volunteer Agreement:

By submitting this form, I attest that the information I have provided on this form is true and accurate. As a volunteer, I agree to: **(Please initial on each line)**

- _____ Volunteer for 1-2 regular 2-3 hour shifts each week with a minimum of 3 full months. I will give advance notice if I am unable to make a shift. I agree to arrive promptly for my volunteer shift and to work the complete shift.
- _____ Wear a name tag, volunteer t-shirt, closed-toe shoes, and appropriate attire, as defined in the Volunteer Handbook, at all times when I am at Southern Pines Animal Shelter.
- _____ Give two week's notice when I wish to cancel my volunteer service.
- _____ Not bring visitors or pets to my shift unless given permission in advance.
- _____ Read all communications from the Volunteer Coordinator, including the Volunteer Handbook, newsletters, memos, and attend occasional meetings and training sessions.
- _____ Communicate with the Volunteer Coordinator about any concerns that I have about my volunteer work. I will report any injury or unsafe condition I may observe or experience while volunteering.
- _____ Refer to all questions regarding the animals to a staff member and will follow all safety rules and procedures.
- _____ Agree that my picture, including video or live broadcast, may be taken during the course of my volunteer work. I give permission to Southern Pines Animal Shelter to utilize any pictures or video taken for use in Southern Pines Animal Shelter's advertising or promotion.
- _____ I will conduct myself in a responsible and professional manner, and to fully represent Southern Pines Animal Shelter's policies when interacting with the public and deferring to a staff member if I ever encounter questions I cannot answer.
- _____ Acknowledge that there are certain risks involved in working with animals, including but not limited to bites, scratches, zoonotic disease, and allergic reactions. I am also aware that there may be risks involving the use of certain cleaning products while performing my volunteer duties. I will observe all Southern Pines Animal Shelter safety procedures and abide by the strict cleaning procedures.
- _____ Certify that I am volunteering at Southern Pines Animal Shelter of my own free will and take any risks involved knowingly and by choice. I will not hold Southern Pines Animal Shelter, its employees, the board of directors, or agents responsible in any way for any injury to myself while performing my volunteer duties at Southern Pines Animal Shelter.
- _____ Understand Southern Pines Animal Shelter reserves the right to release me from my volunteer activities at any time.

Volunteer Printed Name

Volunteer Signature

Date

Volunteer's Parent or Guardian Printed Name

Volunteer Parent or Guardian Signature

Date



SOUTHERN PINES ANIMAL SHELTER

Confidentiality Agreement

There are important restrictions on the release of client, patient, volunteer, and employee information and records. These restrictions are for the protection of Southern Pines Animal Shelter's voluntary or involuntary clients, visitors, and staff.

Confidential client information should never be discussed with or in the presence of third parties without the approval of management. A manager must approve the release of any confidential information or files or documents containing confidential information.

Confidential information includes, but is not limited to, the following:

1. Identifying information about voluntary or involuntary clients, including names, addresses or phone numbers;
2. Identifying information about volunteers and staff including names, addresses or phone numbers;
3. Information relating to families of clients;
4. Identifying information regarding individuals charged with, cited for, or convicted of animal cruelty or neglect.
5. Any other information that would identify clients or potentially place clients and/or family members at risk
6. Information that would identify the names or locations of adopters, adopted animals, fosters, or fostered animals, clients, or client-owned animals.

All information and records obtained in the course of providing services to either voluntary or involuntary clients or clinic visitors shall be strictly confidential. Staff information cannot be dispensed without the individual's permission.

A breach of confidentiality is a serious infraction of Southern Pines Animal Shelter policy and will result in termination of your participation in the volunteer program.

PLEDGE OF CONFIDENTIALITY:

I hereby certify by my signature that I will not give information about Southern Pines Animal Shelter clients (voluntary or involuntary), visitors, animals, staff or volunteers to unauthorized persons. I understand that doing so would be a serious violation of agency policy and will result in the termination of my participation in the volunteer program.

I, _____ (print name), have read the Southern Pines Animal Shelter's confidentiality agreement above and understand its terms and my responsibilities as a volunteer.

Signature of Volunteer

Signature of Witness

Date