In consideration of my acceptance as a Lowell Humane Society Volunteer, my signature below indicates that I have read, understand, and agree to the following:

The Lowell Humane Society depends on its volunteers to provide services to assist staff in carrying out its mission. In consideration for being allowed to render volunteer services as determined by the staff of the Lowell Humane Society, I fully understand and acknowledge that my services are to be performed subject to all the policies and procedures of the Lowell Humane Society, and/or subject to all the terms and conditions provided to me by the appropriate staff member of the Lowell Humane Society in doing any particular task as a volunteer, and that violations or deviations from them shall be cause for my immediate dismissal from rendering further services. I also fully understand and acknowledge that all services performed by me are strictly voluntary, without pay or compensation of any sort, and without liability of any nature on behalf of the Lowell Humane Society, its directors, officers, employees, and agents. I further acknowledge that all services are performed at my own risk.

I acknowledge and have been advised of certain communicable diseases that can be contracted from interacting with animals, and safety precautions to prevent contracting such communicable diseases. Such diseases principally include, but are not limited to, Rabies, Cat Scratch Fever, Ringworm, Intestinal Worms and Scabies.

I acknowledge and have been advised of the risk of injury from interacting with animals, including bites, and scratches, or other injuries from animals, and agree to report any such injury immediately to my designated supervisor.

I authorize the Lowell Humane Society to seek emergency medical treatment for me in case of an accident, injury, or illness.

I understand that as a volunteer if I use my own motor vehicle to perform volunteer work for the Lowell Humane Society pursuant to this Agreement, that I will provide all insurance (motor vehicle, health, and liability) and understand that I will not be compensated for travel.

I understand from time to time photographs or video may be taken of me engaging in LHS volunteer work, special events and activities. By signing this form, I grant permission to LHS to use these photos and videos for our website or print materials including newspapers.

By signing this form, I confirm that I understand and agree to the above request and conditions. I sign this form freely and without inducement.

I agree to abide by all policies and procedures of the Lowell Humane Society that are provided to me, and/or any terms and conditions about performing any particular task I work on as a volunteer that are provided to me by the appropriate staff member of the Lowell Humane Society.

I understand that as a volunteer I may have access to confidential records or information and agree that I will under no circumstances share such information with others.
Lowell Humane Society Volunteer Agreement & Waiver

I hereby agree to release, indemnify and hold harmless the Lowell Humane Society, its directors, officers, employees, and agents from any and all claims, damages, and liability, including, but not limited to, any loss or injury to me and/or my personal property arising from or related to my activities as a Lowell Humane Society Volunteer under this Agreement or for any negligent act or omission by the Lowell Humane Society, its directors, officers, employees, and agents.

In connection with my activities as a Lowell Humane Society Volunteer, I further agree to release, hold harmless and indemnify the Lowell Humane Society, its directors, officers, employees and agents, from any and all claims, damages and liability, including, but not limited to, any loss or injury to me and/or my personal property arising from my riding as a passenger in any motor vehicle owned or leased by the Lowell Humane Society and operated by an employee or authorized agent of the Lowell Humane Society.

I hereby agree to a volunteer commitment of at least 2 hours each week for a minimum of six months, unless otherwise previously arranged with LHS Staff.

By:

__________________________________  _____________________________
Name of Volunteer     Signature of Volunteer

__________________________________  ______________________________
Telephone

__________________________________  ______________________________
Address       Email

__________________________________  ______________________________
Date

*IF THE VOLUNTEER IS A MINOR, THE SIGNATURE OF THE PARENT OR LEGAL GUARDIAN BELOW SIGNIFIES THAT THE PARENT OR LEGAL GUARDIAN HAS READ AND ACCEPTED THE ABOVE TERMS.

By:

__________________________________  ______________________________
Name of Parent/Legal Guardian     Signature of Parent/Legal Guardian

__________________________________  ______________________________
Telephone

__________________________________  ______________________________
Address       Email

__________________________________  ______________________________
Date

By:

___________________________________  __________________________________
Name of Authorized Lowell Humane Society Signature
Staff Member

___________________________________
Date