



State of New York
County of Broome Government Offices

Broome County Dog Shelter

Jason T. Garnar, County Executive · James D. Dadamio, Director ·
Kelly L. Conlon, Shelter Manager

Dog Shelter Volunteer Application

Volunteer Candidate Information

Name: _____

Home Phone: _____ Cell Phone: _____

Birth Date _____

Address: _____

City: _____ State: _____ Zip: _____

E-mail Address: _____

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

- | | |
|------------------------------------|-------------|
| <input type="checkbox"/> Monday | Time: _____ |
| <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: _____ |

Type of Volunteer

What services are you interesting volunteering for?

- | | | | |
|---------------------------------------|--|---|----------------------------------|
| <input type="checkbox"/> Dog Walking | <input type="checkbox"/> Facility Care | <input type="checkbox"/> Gardening | <input type="checkbox"/> Laundry |
| <input type="checkbox"/> Office | <input type="checkbox"/> Fund Raising | <input type="checkbox"/> Off Site Program | |
| <input type="checkbox"/> Other: _____ | | | |

Volunteer work experience: _____

Reason for volunteering: _____



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In Case of Emergency

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

Name: _____ Relationship: _____

Home Phone Number: _____ Cell Phone Number: _____

References (Please provide up to three (3) references)

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

Name: _____ Phone Number: _____

Address: _____ City: _____ State: _____ Zip: _____

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. The Volunteer also understands that the County does not assume any responsibility for or obligation to provide



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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: _____

DEPARTMENT: _____

CONTACT PERSON: _____



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TO WHOM IT MAY CONCERN:

I, _____, hereby 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.

HAVE YOU EVER BEEN CONVICTED OF A MISDEMEANOR OR FELONY?

YES ___ NO ___

SIGNATURE

DATE

DATE OF BIRTH

SOCIAL SECURITY NUMBER

DRIVER'S LICENSE NUMBER & STATE ISSUED

ANY OTHER NAMES BY WHICH YOU HAVE BEEN KNOWN