Volunteer Application Packet

In this packet you will find an Application, policy and Waiver’s.

Please complete the entire application and read the policy thoroughly. Any information is subject to change at which time you will be asked to fill out another application.

Our Philosophy: Our Volunteer Program is designed to provide a better quality of life for our dogs by providing exercise, socialization and affection. The dogs are our guests here and must be treated accordingly. As a volunteer you are also a guest here and allowed to spend your time here at the staff’s discretion. This is a privilege not a right and can be revoked at any time.

We are Dog Wardens; thus, our job is to keep the community safe from dogs that don’t have homes or owners. It is a community effort to get these dogs new homes. Not all dogs can be safely returned to the community. We work with many rescue organizations as well as the public to get our dogs placed out of our facility. Because of this cooperative spirit we have been very successful in placing our dogs.

Our volunteers are a valuable source of information about our dogs. The more we know about each dog the more successful the placement will be. You must report any behaviors or physical conditions you notice so they can be addressed. This helps us get the dog the home and care it needs to be successful in the community.

Your responsibility: It is understood you are volunteering your time to the dogs at the Trumbull County Dog Kennel. You may not hold yourself out to others as an employee, representative or agent of our office.

Staff will address questions from the public. Staff may ask for your help in sharing your knowledge with the public. Please do not interject your thoughts during conversations the staff is having with the Public.

Please refrain from engaging the public who is coming into the office. There are many reasons people from the community need our services. The staff is trained and experienced to assist them in the most efficient manner.

Please respect the knowledge and experience of the staff! This is their job. You are here to enhance the day of the Dogs here. You must respect the decisions made by the staff with regard to the care of our guests.

Respect the instruction on a red tag on a cage. It is for the dog and your safety. If you have a concern please bring it to the attention of the staff.
If you go on social media or to other groups of people and put out false information about our office or staff, you will be asked to no longer volunteer here. We are all here to work together for the best interests of the community and the dogs who stay here. Negative conduct only causes bad feelings and is not productive; therefore, not needed here.

**Behaviors you should report include:** jumping, head shyness, hand shyness, growling, aggressive jumping or mouthing, a stance or focus on another dog, issues with food aggression, resource guarding behaviors… just to name a few.

Please do not bring treats, food or other ingestible items into the kennel without first checking with the staff. Too many treats cause gastric problems. Certain toys are not permitted so please check with the staff before you bring in toys or play items.

**Dog Walking:** You may walk the dogs in order to provide exercise, physical stimulation and reinforce basic obedience commands. Please understand; our dogs may not be leash trained or may not be socialized.

Many of our dogs do not come with a history so it is imperative that you ask the staff about the dogs you wish to walk. Always check the list on the counter for any special instructions.

You must report any behaviors that you consistently observe, it will be added to the dog’s intake paperwork so everyone knows what to expect with the dog. Let staff know if you are working on certain obedience skills so that too can be added to the intake sheet.

**Playing with the dogs:** Do not allow the dogs to jump up on you, other people or dogs. We do not want the dogs playing tug of war games as prey drive will kick in for some breeds. The play yard is a great place to work steam off for the dogs, especially the young ones.

**Consequences:** If you do not follow the rules set forth here and by the staff you will be asked to leave the premise.

If you do not have business with the county office, there is no reason to be on the property if you are not volunteering. The parking lot and lobby of the office are the public areas for people conducting business with the Trumbull County Dog Warden’s office.
Today’s Date ____________

Adult Volunteer & Community Service Application (18 years of age or older)

Thank you for your interest in volunteering at the Trumbull County Dog Kennel. Please fill out this form completely.

Name (Please print clearly) ___________________________ E-mail Address ___________________________

Address ______________________________________________________________________________________

City __________________ State _______________ Zip __________ Telephone __________________________

Employer __________________ Work Phone __________________ Ext. __________________

Emergency Contact ___________________ Phone Number __________________ Relationship __________________

Social Security # ___________________________ Required by Trumbull County

I am 16 years of age or older __ Yes __ No Have you ever been convicted of a crime? __ Yes __ No

Volunteer Interests

☐ Dog Care – requires a commitment of at least 2 hours per week
☐ Front Desk – greet visitors, assist visitors
☐ Cleaning – help with general cleaning of kennels and front office
☐ Special Events – help out at adoption and fundraising events

Availability (check all that apply) ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Saturday
Note best time to come in __________

Reference: Name ___________________________ Phone # __________________

Please list any special skills or interests that you would like to share as a volunteer: __________________________

________________________________________

Please list any medical conditions that we need to be aware of while you are volunteering: ______

________________________________________

Trumbull County Dog Kennel Tetanus Waiver

TETANUS is a bacterial disease that affects the nervous system. It is contracted through a cut or a wound that becomes contaminated with tetanus bacteria. A Td booster is recommended every 10 years. If you experience any break in the skin (cut, scratch, bite, etc...) you must immediately report the incident to your health care provider. We strongly recommend that you be vaccinated against Tetanus and to consult your physician concerning the risks of tetanus:

I understand the risk of Tetanus associated with Trumbull County Dog Kennel’s volunteer program: ________ (initials)
RELEASE AND WAIVER OF LIABILITY AGREEMENT

I, _________________________________________________ (“Participant”), acknowledge that I have voluntarily applied to participate in the Volunteer Assistance Program, at 7501 Anderson Avenue, Warren, OH 44484 the Trumbull County Dog Pound (Pound) or off premise:

____________________________________________________________________

(Description of activities, which Participant will engage in)

I AM AWARE THAT THESE ACTIVITIES ARE HAZARDOUS ACTIVITIES AND THAT I COULD BE SERIOUSLY INJURED OR EVEN KILLED. I AM VOLUNTARILY PARTICIPATING IN THESE ACTIVITIES WITH KNOWLEDGE OF THE DANGER INVOLVED, AND AGREE TO ASSUME ANY AND ALL RISKS OF BODILY INJURY, DEATH OR PROPERTY DAMAGE, WHETHER THOSE RISKS ARE KNOWN OR UNKNOWN.

I verify this statement by placing my initials here: ______________
Parent or Guardian’s initials (if under 18):_____________________

As consideration for being permitted by Trumbull County, Ohio and The Trumbull County Dog Pound, (collectively the “County”) to participate in the Volunteer Program and these activities, I forever release the County, and any affiliated agency, and their respective directors, officers, employees, volunteers, agents, contractors, and representative (collectively “Releasees”) from any and all actions, claims or demands that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives now have, or may have in the future, for injury, death, or property damage, related to (i) my participation in these activities, (ii) the negligence or other acts, whether directly connected to these activities or not, and however caused, by Releasees, or (iii) the condition of the premises where these activities occur, whether or not I am then participating in the activities. I also agree that I, my assignees, heirs, distributes, guardians, next of kin, spouse and legal representatives will not make a claim against, sue, or attach the property of any Releasee in connection with any of the matters covered by the foregoing release.

I HAVE CAREFULLY READ THIS AGREEMENT AND FULLY UNDERSTAND IT CONTENTS. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TRUMBULL COUNTY, OHIO AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them.

Executed at ________________________, Ohio on _____________, 20___.

PARTICIPANT/RELEASOR

Signature

Address:

PARENT OR GUARDIAN

Signature

Address:

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED
Trumbull County Dog Warden
Policy for Community Service and Volunteers

- Must be over 18 years old. Minors must be accompanied by parents’ or legal guardian.
- **Dress for outdoor work** in all weather conditions. The dogs don’t care if it is raining, cold, hot; they are always dressed for the occasion.
- **Sign in** upon arrival and departure; folders are under counter in office. There are two folders: Community service and Volunteer.
- Must be physically fit, this is a physically demanding place to work. Dogs are very strong and unpredictable, especially in this environment. This is a new place for many of them.
- Always be sure to ask staff and check chart before choosing which dog needs to be walked. Initial which dog you walked.
- **Always close and lock the cages.**
- **Be sure all doors to kennel are closed** before moving a dog.
- There is a refrigerator and microwave available for your lunch. No lunch room
- There are surveillance cameras for the entire kennel, inside and out
- Do not handle money or the cash register
- Do not use the computers.
- We are not responsible for your personal items. Keep valuables and prescription medication in your car or on your person. Do not bring your cell phone into the kennel.
- This is a public facility, inappropriate language, alcohol, drugs & firearms are forbidden.
- Please be aware we do euthanize dogs here on the premise.
- There is a **0 tolerance for mistreating a dog or other people.**
- If you witness a dog on dog attack, a person being bit, or if you are bitten; you MUST report this to the staff. It doesn’t mean the dog will be euthanized. We must be aware of behaviors you notice. We need to match the dog with the next home it will have.

**Kennel Work:** this is what is included in this job

- Clean cages inside & out & pens outside include floors, caging, bedding & walls. You will be trained on the cleaners and disinfectants we use.
- Move dogs, use catch pole or choke and leash
- Do not change dogs from one pen to another; it will result in cross contamination of disease, parasites, bacteria…
- Clean floor of kennel
- Stack food and supplies as needed
- Clean bowls
- Do laundry of bedding and cleaning rags

**Walking Dogs:** this is what is included in this job

- Consult Dog chart and a staff member before choosing a dog to walk.
- Place appropriate size choke chain on dog and attach leash before removing the dog from the cage or the kennel area. Be sure all doors to the kennel are closed.
- Place choke chain around the neck behind the jaw, assure it is secure.
- Please know, not all the dogs are leash trained and many are anxious to get outside to relieve themselves. They will pull so be sure you have good footing and a strong hold of them. Don’t walk a dog you don’t think you can handle.
Walking Dogs: continued…
- Take a plastic bag with you. Pick up feces in a plastic bag and put in dumpster at the back of the kennel property.
- Return the dog to the cage it was in unless advised otherwise
- Adult dogs are walked on Anderson Rd, the lane in front of the Kennel.
- Walk Against traffic with sufficient space between yourself and another walker. Only 3 walkers on the street at a time please.
- Dog waste must be picked up daily. Either take a bag or follow up later.
- Puppies are walked to the far right of the entrance of the kennel
- Do not allow dogs to interact with one another
- Don’t allow them to jump up on you – we need to teach them manners.
- Don’t allow the dogs to drink any water outside of their cages; IE: puddles, creek…
- Keep control of dog at all times, don’t tie them to anything. Never leave them unattended.

Ride Along: going in the truck off site.
- You cannot drive or move the truck or any county vehicles, on or off County property.
- Must wear seatbelt while in truck
- Help Dog Warden as needed in capturing, moving and/or restraining dogs
- No interaction with the public or officers at the scene, unless instructed by the Warden
- Can answer the county cell phone as needed
- Assist in picking up kennel supplies or food
- Assist with setting up and removing traps
- No Smoking in vehicles.

I HAVE CAREFULLY READ THIS EXHIBIT AND FULLY UNDERSTAND THAT MY DUTIES MAY INCLUDE, BUT ARE NOT LIMITED TO, THOSE LISTED ABOVE. I AM AWARE THAT THIS IS A RELEASE OF LIABILITY AND A CONTRACT BETWEEN MYSELF AND TRUMBULL COUNTY, OHIO AND THE LESSOR, AND SIGN IT OF MY OWN FREE WILL.

If Signed by Parent or Guardian: I verify that the dangers of the activities and the significance of this Release and Waiver were explained to the Participant and that the Participant understood them. I also verify that I am a parent or guardian authorized to sign this form.

Executed at ________________________, Ohio on _____________, 20___.

PARTICIPANT/RELEASOR  AUTHORIZED PARENT OR GUARDIAN/ Witness

__________________________  __________________________
Signature     Signature

Address:    Address:   __________________   ___________________

___________________   ___________________

IF YOU ARE UNDER 18 YEARS OF AGE, YOU AND YOUR PARENT OR GUARDIAN MUST SIGN AND INITIAL THIS FORM WHERE INDICATED

Do not hesitate to ask the staff if you have a question.